

# ARIZONA WATER POLO AND SWIMMING

NEW PLAYER INFORMATION		
Athlete Name:	Birthdate:	
Street Address:	School:	
City/State/Zip:	Grade:	
Home Phone:	USWP#:	Exp.
Athlete's Email:	Swim Team Affiliation:	
Mother's Name:	Father's Name:	
Email:	Email:	
Mobile Phone:	Mobile Phone:	
Emergency Contact:	Emergency Contact Phone:	
Family Physician:	Family Physician Phone:	
Medical Conditions/Allergies:	Medications:	

## RELEASE OF LIABILITY.....

I, the undersigned, parent/guardian/legal custodian of \_\_\_\_\_, give permission for the above said minor to participate in the Arizona Water Polo and Swimming Program. I agree to waive and release the Arizona Water Polo and Swimming Club and it's officers, agents, coaches and employees from and against any and all claims, costs, and judgements arising out of my child's participation or injury resulting there from and hereby agree to indemnify and hold harmless Arizona Water Polo and Swimming Club from any and all such claims.

Printed name of parent/guardian/legal custodian: \_\_\_\_\_

Signature of parent/guardian/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_

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## AUTHORIZATION CONSENT TO TREAT A MINOR

The undersigned parent/guardian/legal custodian of \_\_\_\_\_, a minor, do hereby consent to any emergency examination, x-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable; and netiehr said agent or any organization involved assumes any financial responsibility for exercising this action.

Printed name of parent/guardian/legal custodian: \_\_\_\_\_

Signature of parent/guardian/legal custodian: \_\_\_\_\_ Date: \_\_\_\_\_

This signed document shall remain in effect so long as the athlete participates in Arizona Water Polo and Swimming or until it is revoked in writing by a letter submitted to our AWPS president.