2006 USA WATER POLO ATHLETE MEMBESHIP REGISTRATION FORM

1631 Mesa Ave, Suite A-1 • Colorado Springs, CO • 80906 • 719-634-0699 • Fax: 719-634-0866 • www.usawaterpolo.org

• *Membership is valid January to December of the calendar year. Please allow 4-6 weeks to receive your membership card.* •

	Fee	Total
One-Year "Basic" Athlete	**$55**	$ _____
Three-Year Athlete	**$135**	$ _____
Seasonal Four Month Membership	**$30**	$ _____
Associate (Non-Athlete) One-year *No USWP practice, clinic, or playing eligibility or insurance included; for parents, volunteers and friends*	**$20**	$ _____
SUBTOTAL		$ _____
Upgrade to Bronze Level Membership (Receive a chrome plated USAWP license plate frame and key chain)	**$20**	$ _____
Upgrade to Silver Level Membership (Receive a sterling silver water polo ball necklace)	**$30**	$ _____
Upgrade to Gold Level Membership (Receive a New Speedo/USAWP backpack)	**$60**	$ _____
Hat Trick (Receive all the items listed above)	**$100**	$ _____
Add Shipping and Handling to Upgrade		**$5**
Yes, I am making a tax-deductible donation to USA Water Polo		$ _____
Rush Fee	**+$10**	$ _____
TOTAL *(add all lines)*		$ _____

☐ Masters Athlete

☐ Donate USA Water Polo Magainze Subscription to High School or Public Library

• *$10 RUSH FEE* •

Additional fee for 24 hour membership processing and on-site registration at National Championships. Membership verification will be faxed or e-mailed within 24 hours.

PAYMENT METHOD

☐Check, *payable to USA Water Polo ($15 returned check fee)*

☐Visa ☐Mastercard ***(Please do not send cash)***

Card No.: _____-_____-_____-_____ **Exp.:** ___/___

Signature:_____

Please Print Legibly & in Ink

Check one: ☐ New Member ☐ Renewing Member Membership No._____ Email:_____

Last Name:_____ First Name:_____ Middle Initial:_____

Address:_____

City:_____ State: _____ Zip Code:_____

Home Phone:_____ Work/Cell Phone:_____

Date of Birth (mm/dd/yyyy):_____ Age:_____ Sex: ☐ Male ☐ Female

Father's (Guardian) Name:_____ Mother's (Guardian) Name:_____

Parent/Guardian Address (if different): _____

Club Name:_____ Club ID:_____ Zone:_____

City:_____ State:_____

ALL ATHLETES and/or GUARDIANS MUST SIGN THE WAIVER BELOW:
IF YOUR WAIVER IS NOT SIGNED, YOUR APPLICATION WILL BE RETURNED

In consideration of being allowed to participate in any way in the USA Water Polo, Inc. athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

I. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist,; and

II. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

III. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation. I will remove myself from participation and bring such to the attention of the nearest office immediately; and,

IV. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS USA WATER POLO, INC., its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY DISABILITY, DEATH, or loss or damage to person or property WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

X_____ _____

Athlete's Signature ***Date Signed***

For Participants of Minority Age (Under 18 at Time of Registration)

This is to certify that I, as parent/guardian with legal responsibility for the participant, do consent and agree to his/her release as provided above all Releasees, and, for myself, my heirs, assigns, and next of kin. I release and agree to indemnify the Releasees from any and all liabilities incidental to my minor child's involvement or participation in these programs, EVEN IF ARISING FROM THEI NEGLIGENCE.

X_____ _____

Parent or Guardian Signature ***Date Signed***

ALL MEMBERSHIP IS NON-REFUNDABLE. MEMBERSHIP CANNOT BE PURCHASED OR RENEWED BY PHONE.