



2011 Pre-Christmas Girls' Under 14 Training Camp Registration Form

Email Completed Registration Form to btout@shaw.ca

Mail Cheque to:

Pacific Storm Water Polo Club at P.O. Box 91465, West Vancouver, B.C. V7V 3P2

December 17 & 18, 2011 Saturday, December 17th 9:30 am to 1:00 pm (Vancouver Aquatic Center) 5:30 to 8:30pm (CCAC) Sunday, December 18th 9:30: am to 1:00 pm (Vancouver Aquatic Center) 1:00 to 2:30 pm Physio Therapist Session (Vancouver Aquatic Center) 7:30 to 10:00pm (CCAC)		<input type="checkbox"/> Yes, BCWP has permission to share my email address with BC Athlete Voice. <input type="checkbox"/> No, BCWP does not have my permission to share my email address with BC Athlete Voice.		
Program Registration Fee Payment Due Upon Registration	\$85.00 (Non-Refundable)	Cheque #	Date	Amount
Registered with BCWPA LWML Club? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not registered with BCWPA LWML Club – Additional \$5.00 is applicable for insurance			
Name of LWML Club Registered with:	Total Amount Paid: <input type="checkbox"/> \$85.00 <input type="checkbox"/> \$90.00	Cheque Payable to: Pacific Storm Water Polo Club		

First Name _____ **Last Name** _____ **Sex** **M** **F**

Birthdate (Day / Month / Year) _____ **Age** _____

Address _____ **City** _____ **Province** _____

Postal Code _____ **Home Phone** _____ **Parents'** _____

Parent Email _____ **Parent Cell** _____

Athlete Email _____ **Athlete Cell** _____

NOTE: Important information is relayed through e-mail. Please include a REGULARLY CHECKED EMAIL ADDRESS.

Emergency Contact _____ **Emergency Phone** _____

Care Card # _____ **Allergies** _____

Doctor's Name _____ **Doctor's Phone #** _____

Medical Problems/Medications _____ **Special Diet Needs** _____

RELEASE: I acknowledge that I have read, understood and will abide by the Participant Code of Conduct. I agree that should I not comply with these responsibilities, I, and my parents in the case of a participant under the age of 19, will accept ALL costs incurred should it be deemed necessary to send me home as a result. I / We, the undersigned, my parents and/or guardians, heirs, executors and administrators, hereby release Pacific Storm Water Polo and its representatives (including the organizers of a program, trip or tournament sanctioned by them) from any and all claims or actions I may have for any injuries I may sustain during the course of the program and / or trip.

Signature of Participate _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____