



# Athlete Registration Form

Athlete Name \_\_\_\_\_

School Attending \_\_\_\_\_

Birthday \_\_\_\_\_

Address (number, city, state) \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Athlete Cell Phone \_\_\_\_\_

Father \_\_\_\_\_ Fathers Cell Phone \_\_\_\_\_

Mother \_\_\_\_\_ Mothers Cell Phone \_\_\_\_\_

Athletes Email Address \_\_\_\_\_

Parents Email \_\_\_\_\_

Past Waterpolo Level \_\_\_\_\_ Experience \_\_\_\_\_

USA Waterpolo Number \_\_\_\_\_ USA Waterpolo Expiration date \_\_\_\_\_

Primary Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Phone \_\_\_\_\_

Any health Issues? \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_