

2007 STANFORD MICRO MARCH WATER POLO CLINICS  
REGISTRATION FORM



**ATHLETE (S) INFORMATION**

**1.** \_\_\_\_\_  
 Player's Name Birthdate Age School Grade in 06-07

\_\_\_\_\_ Please Check: Male   
 USWP # and expiration date Known Allergies Female

**2.** \_\_\_\_\_  
 Player's Name Birthdate Age School Grade in 06-07

\_\_\_\_\_ Please Check: Male   
 USWP # and expiration date Known Allergies Female

**PARENT INFORMATION**

\_\_\_\_\_ Parent(s) Name(s)

\_\_\_\_\_ Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_ Parent/Family Email

\_\_\_\_\_ Family Address \_\_\_\_\_ City \_\_\_\_\_ Zip

Please check which clinic(s) your athlete would like to attend: FEE = \$25 per Clinic (\$75 for all 5)

Athlete Name	Sat, March 3 10-11:30 am at Stanford	Sun, March 4, 10-11:30 am at Stanford	Sat, March 11 10-11:30am at Menlo	Sat, March 17 11am-12:30pm Sacred Heart Prep	Sat, March 24, 8:30-10am @ Stanford

The undersigned, in accepting the right to participate in the Stanford Water Polo Winter Program and activities, waives all rights and claims for injuries or damages for negligence or otherwise, against Stanford University, Stanford Women's Water Polo Endowment Fund, Tanner Water Polo Corporation, NCWPC, Fremont Hills Country Club, Sacred Heart Prep, their agents, servants, directors and employees by reason of participation in these activities and programs of the Stanford Water Polo Winter Program.

\_\_\_\_\_ Parent/Guardian's Signature Date

Please make your check payable to: **TWPC** Registration Fee: \$25.00 per Clinic  
\$75 for all 5

Return to: Tanner Water Polo Corporation  
PO Box 19620  
Stanford, CA 94309

**Registration is ongoing. You may bring this form and fee to any clinic you attend.  
Pre-registration is not mandatory.**