

**2009 STANFORD JUNIOR POLO WATER POLO CLINICS**  
**REGISTRATION FORM**

**ATHLETE (S) INFORMATION**

**1.** \_\_\_\_\_  
 Player's Name Birthdate Age School Grade in 08-09

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

**2.** \_\_\_\_\_  
 Player's Name Birthdate Age School Grade in 07-08

\_\_\_\_\_ 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 = \$20 per Clinic (\$100 for all 6)**

Athlete Name	Sun, Feb 22 10:00-11:30 am at Roble Pool - Stanford	Sat, Feb 28 2:15-3:45 pm at Avery Pool- Stanford	Sun, March 8 4:00-5:30 pm at Palo Alto HS	Sat, March 14 9:00-10:30 am at Roble Pool- Stanford	Sun, March 22 Time/Location TBD	Sun, March 28 9:00-10:30 am at Roble Pool- Stanford

The undersigned, in accepting the right to participate in the Stanford Water Polo 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, Sacred Heart Prep, their agents, servants, directors and employees by reason of participation in these activities and programs of the Stanford Water Polo Program.

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

Please make your check payable to: **NCWPC** Registration Fee: \$25.00 per Clinic  
 \$75 for all 4

Return to: Nor Cal Water Polo Corp.  
 PO Box 60662  
 Palo Alto, CA 94306

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