

2008 STANFORD MICRO MARCH WATER POLO CLINICS
REGISTRATION FORM



ATHLETE (S) INFORMATION

1. _____
 Player's Name Birthdate Age School Grade in 07-08

_____ 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 = \$25 per Clinic (\$75 for all 4)**



| Athlete Name | Sat, March 1 2:30-4:00 at Stanford | Sun, March 9, 9-10:30 am at Stanford | Sat, March 15 10-11:30 am at Stanford | Sat, March 29 2:30-4:00 pm at Stanford |
|--------------|--|--|---|--|
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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.***