

2006 STANFORD MICRO MARCH WATER POLO CLINICS
REGISTRATION FORM



ATHLETE (S) INFORMATION

1. _____
 Player's Name Birthdate Age School Grade in 05-06

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

2. _____
 Player's Name Birthdate Age School Grade in 05-06

_____ 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**

Athlete Name	Sat, March 4 2:15-4:15 @ Stanford	Sun, March 5, 2-4 pm @ Fremont Hills Country Club	Sat, March 11 10am-12 pm at Sacred Heart Prep	Sun, March 26, 2-4 pm @ Fremont Hills Country Club

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: \$20.00 per Clinic

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.