



**I LOVE WATER POLO REGISTRATION
2011 - 2012 SEASON**

Male Female

Athlete's Name	(Surname, First Name, Middle)	
Address	(Street, City, Province, Postal Code)	
Birth Date	(Day / Month / Year)	
Phone Numbers	Primary	Secondary
Athletes Email Address Parent/Guardian Information* (If Athlete is under 18)	Mother	
	Father	
	Name	Name
	Primary Number	Primary Number
	Cell Number	Cell Number
	Email Address	Email Address

Please indicate (✓) which I Love Water Polo program registering for:

RECREATIONAL PROGRAMS [Sep-Mar] -I LOVE WATER POLO (ILWP) & ADULT REC			
Program [Start Date]	Age Requirement (as of Dec 31st)	Program Fee	Registration Night Payment
<input type="checkbox"/> ILWP - U12 [Sept 10]	Born 1999 or Later	\$200	\$200
<input type="checkbox"/> ILWP - 13 + [Sept 10]	Born 1998 or Earlier	\$200	\$200

Signature Name (Please PRINT) Date:

I have read and hereby agree to follow the RPWA Bylaws

Evening Telephone Number

How did you hear about us?

- | | | | |
|----------------------------------------------------|---------------------------------------|-----------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> School | <input type="checkbox"/> Digital Sign | <input type="checkbox"/> Leader Post/
Activity Planner | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Community Sign/Newsletter | <input type="checkbox"/> Mall Display | <input type="checkbox"/> Aquatic Facility | <input type="checkbox"/> Other |

Office Use Only: **Please make cheque(s) payable to RWPA**

Consent to use personal information <input type="checkbox"/>	Medical Information Form <input type="checkbox"/>
Consent for use of photographs <input type="checkbox"/>	
Cash \$ _____	Program Amt \$ _____
Initial: _____	Cheque # _____