



**PROGRAM REGISTRATION
2009 - 2010 SEASON**

Male Female

Athlete's Name	(Surname, First Name, Initial)
Birth Date	(Day / Month / Year)
Email Address	

Please indicate () program(s) registering for:

COMPETITIVE PROGRAMS (September to March)					
	Level [Start Date]	Age Requirement (as of Dec 31st)	Program Fee	Registration Night Payment	Post Dated Cheques
<input type="checkbox"/>	Atom (U12) [Sep 10]	Born 1998 or later	\$695 **	\$120	5 x \$115
<input type="checkbox"/>	Bantam (U14) [Sep 09]	Born 1996 or 1997	\$695 **	\$120	5 x \$115
<input type="checkbox"/>	Cadet (U16) [Sep 8]	Born 1994 or 1995	\$ 1,100 **	\$200	5 x \$180
<input type="checkbox"/>	Youth (U18) [Sep 8]	Born 1992 or 1993	\$ 1,100 **	\$200	5 x \$180
<input type="checkbox"/>	Senior (Open) [Sep 8]	Born 1991 or before	\$ 600 **	\$100	5 x \$100

** Includes fees for provincial league and provincial finals

RECREATIONAL PROGRAMS [Sep-Mar] -I LOVE WATER POLO (ILWP) & ADULT REC				
	Program [Start Date]	Age Requirement (as of Dec 31st)	Practices/ Games	Program Fee
<input type="checkbox"/>	ILWP - U12 [Sep 19]	Born 1998 or later	Saturday U of R 6:00 - 7:00 PM + minor league game	\$200
<input type="checkbox"/>	ILWP - 13+ [Sep 23]	Born 1997 and Earlier	Wednesday U of R 5:30 - 6:30 PM + minor league game	\$200
<input type="checkbox"/>	Master [Sept 27]	Born 1991 and Earlier	Sunday Lawson 8:00 - 9:00 PM	\$100
<input type="checkbox"/>	Master Plus PL [Sept 27]	Born 1991 and Earlier	Sunday Lawson 8:00 - 9:00 PM + Provincial Plays	200 **
<input type="checkbox"/>	Master + [Sept 23]	Born 1991 and Earlier	Wednesday 7:30-10pm or 8:30-10:30pm Lawson Sunday Lawson 8:00 - 9:00 PM	400 **
<input type="checkbox"/>	Provincial Play Only (PL)	Born 1991 and Earlier	Per Schedule (4 Per Season)	\$ 45 Per Play or \$150 for All **

** Fees for provincial finals are Not Included

Signature Name (Please PRINT) Date:

I have read and hereby agree to follow the RPWA bylaws

_____ () _____

Day Time Telephone

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

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