



## 2020 El Modena Summer Girls Water Polo Registration

July 1 - August 14 3:30 – 5:30 (M-F) @ Orange HS

PARTICIPANT NAME (first/last): \_\_\_\_\_

GRADE (Fall-19): \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

STUDENT/email: \_\_\_\_\_

MOTHER (first/last) NAME: \_\_\_\_\_ WORK/CELL: \_\_\_\_\_

Mom's email: \_\_\_\_\_

FATHER (first/last) NAME: \_\_\_\_\_ WORK/CELL: \_\_\_\_\_

Dad's email: \_\_\_\_\_

### WAIVER FOR PARTICIPATION

I, the undersigned (parent/guardian/legal custodian) of \_\_\_\_\_, a participant in recreational activities and programs supported by the ELMO Polo Booster Foundation agree that in consideration of the EMPBF allowing the participant to participate in its activities, the undersigned releases and discharges EMPBF, and any other persons, including, but not limited to, providers of private and public transportation of children, including persons using their own vehicles, and their heirs, administrators, executors, successors and assigns from, and holds them harmless against, all claims, actions, causes of action, suits, damages, and liability of any nature whatsoever, arising out of the participant's participation in EMPBF activities and programs, including but not limited to, the transportation of the participant to and from other facilities by persons using their own vehicles, or hired or public transportation facilities. If an emergency requiring medical attention occurs, I grant permission to a Physician or other hospital or emergency personnel designated in the judgment of the EMPBF coaches or representatives to attend to the participant. In the event of an injury to the participant, I expect that every effort will be made to contact me in order to receive my authorization before any non-emergency medical treatment or hospitalization is undertaken.

Signed X \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian/legal custodian)

The Water Polo program is run solely on donations. All summer donations go directly to coaches' stipends for their many hours of dedication to our teams. If the program is not financially feasible given the timing and overall level of donations received, the program may be cancelled or modified.

### **\*PROGRAM CONTRIBUTION NEEDED TO COVER COACHES' STIPENDS - \$75.00**

Please make Checks payable to "Elmo Polo Booster Foundation"

Please note in memo line: Summer GWP & player's name

•Please direct any email to the Water Polo Board Treasurer to arrange a credit card payment, payment plan or any financial hardship. Linda Ryan, [lryan@lindaryanreporting.com](mailto:lryan@lindaryanreporting.com) or [elmowaterpolo@gmail.com](mailto:elmowaterpolo@gmail.com)

Check # \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \_\_\_\_\_

Cash: \_\_\_\_\_ Date: \_\_\_\_\_ Amt: \_\_\_\_\_

Payment Plan: \$ \_\_\_\_\_ per week/month for \_\_\_\_\_

**Payments can be made through PayPal using our email address. Please indicate player's name and grade.**