

# **RSD Norsemen Water Polo**

## **Information Sheet**

***Team – Circle one: Boys / Girls***

Athlete's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Athlete's Cell Phone: \_\_\_\_\_

Athlete's Email Address: \_\_\_\_\_

Athlete's Date of Birth: \_\_\_\_\_

Athlete's Age: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Cell Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

What grade will you be in for the school year 2007-2008: \_\_\_\_\_

What school will you attend: \_\_\_\_\_

Have you played Water Polo before? Yes/No If so with who? \_\_\_\_\_

**USWP# (This number is required): \_\_\_\_\_**

Please list questions or concerns you have for the coach:

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## **Athlete's Code of Conduct**

**In Consideration of the rights granted to me by my selection to participate in RSD Norsemen Water Polo Club activities, I consent to abide by the rules of conduct below. I understand these rules apply to my behavior during all club activities at all locations.**

1. I also understand that if I violate any of the following rules, I may be subject to whatever disciplinary action is deemed appropriate by the coach and the club. The consequences for violating the rules on club sponsored trips will include: 1) sitting out one or more games; 2) being sent home immediately at personal expense for serious offenses or repeated minor infractions; or 3) being terminated from membership in the program. Inappropriate behavior will neither be condoned nor tolerated.

The following actions will be considered serious offenses under paragraph two above:

1. Violation of any specific policies, regulations, or procedures of the club whether written or unwritten.
2. Inappropriate conduct as determined by customarily accepted behavior.
3. Physical, verbal, racial or sexual intimidation or any individual.
4. Disregarding instructions given by the coach or duly appointed guardians or chaperones.
5. Physical damage to a facility or theft of items from a room or other person. (Restitution will be a required part of any penalty imposed.)
6. Illegal transport, possession, or use of drugs, tobacco, or controlled substances.
7. Any action considered being an offense under federal, applicable state or local laws/ordinances.

All parents and guardians will discuss the club's expectations and possible consequences with their son or daughter before any trips.

**Printed Name Parent/Guardian** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Printed Name Athlete** \_\_\_\_\_

**Athlete's Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## **Medical / Dental Release and Information**

My Athlete, \_\_\_\_\_, has my permission to participate in all activities related to the RSD Norsemen Water Polo Club including games, tournaments and travel. I certify that the participant has full medical insurance. I also certify, to the best of my knowledge, that the athlete named hereon is physically fit to engage in the activities described above. If, during the course of my son or daughter's activities with the club, he or she should become ill or sustain an injury, I hereby authorize emergency medical or dental care. I assume financial responsibility for the bills incurred through my insurance company.

**Printed Name Parent/Guardian** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Insurance Information**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Insurance Company / Plan Name \_\_\_\_\_

Member # \_\_\_\_\_ Group # \_\_\_\_\_

**Insurance Company's Phone Number** \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone # \_\_\_\_\_

# RSD NORSEMAN WATER POLO CLUB RELEASE OF LIABILITY

I, \_\_\_\_\_ acknowledge that water polo or any sporting event is an extreme test of a person's physical and mental limits. My participation in any sporting event can led to death, minor or serious bodily injury or property damage. With a full understanding of the potential risks, I hereby assume those risks in participating in the events.

I hereby take the following action for executors, administrators, heirs, next of kin, successors, assigns and myself:

1. I waive, release, and discharge from any and all claims or liabilities for death or personal injury or damages of any kind, except that which is the result of gross negligence or wanton misconduct of persons or entities listed below that arise out of or relate to participation in RSD Norseman Water Polo Club activities or actions by its coaches, officers, directors chaperones, tournament directors, or sponsors
2. I agree not to sue any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein.
3. I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them because of my actions.

In consideration of the rights and privileges granted to me by signing this form, I certify that:

1. I have read and understand the release of liability.
2. I understand that the release of liability applies to all activities or events sponsored by RSD Norseman Water Polo Club.
3. I understand that I have given up substantial rights.

The undersigned parent or legal guardian of the athlete \_\_\_\_\_ executes the foregoing release for and on behalf of the minor named herein. I hereby bind the minor, all other assignees and myself to the terms of this release. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein. I agree to indemnify and hold harmless the persons or entities named in this waiver and release for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of this release. I fully consent to my child's participation in events sponsored by the RSD Norseman Water Polo Club.

**Printed Name Parent/Guardian** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_

**Date Signed** \_\_\_\_/\_\_\_\_/\_\_\_\_