

# Scripps Water Polo Association, Inc.

**PLAYER REGISTRATION FORM – PLEASE COMPLETE LEGIBLY**

**PLAYER INFORMATION (PRINT CLEARLY)**

Last Name:	First Name:	MI:
<b>REQUIRED TO PLAY - USWP #:</b>	<b>Expiration Date: (MM/YY)</b>	
Home Telephone:	Street Address:	
City:	Zip Code:	
Birth Date:	Age:	Players Cell Phone #:
Emergency Contact:	Emergency Phone #:	
Physician Name:	Physician Phone #:	
Medical Insurance Carrier:	Medical Insurance #:	
Player's Medical History:		
Allergies:	*Date of Last Tetanus Shot:	
<b>PLAYER E-mail Address:</b>		
Current School:	Grade:	

\*Current Tetanus Shot is not required for participation

**FATHER/GUARDIAN (PRINT CLEARLY)**

Last Name:	First Name:
Cell Phone:	Home Telephone:
<b>FATHER E-mail Address:</b>	Business Telephone:

**MOTHER/GUARDIAN (PRINT CLEARLY)**

Last Name:	First Name:
Cell Phone:	Home Telephone:
<b>MOTHER E-mail Address:</b>	Business Telephone:

**EMERGENCY MEDICAL AUTHORIZATION:** (Agent: Authorized Agent of Scripps Water Polo Association, Inc.)

I/We, parent(s)/person(s) having legal custody/legal guardian of a minor, do hereby authorize medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician, dentist or at said hospital. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority to the aforesaid Agent to give specific consent to any; and all such diagnosis, treatment, or hospital care which a physician or dentist meeting the requirements of this authorization may in the exercise of his/her best judgment deem advisable.

This authorization is given pursuant to the provisions of Sections 6910 and 6550 of the Family Code of California.

This authorization shall remain effective until and unless sooner revoked in writing delivered to said agent(s)

<b>PARENT/GUARDIAN NAME:</b>	
<b>PARENT/GUARDIAN SIGNATURE:</b>	<b>DATED:</b>