



Scripps Water Polo Association, Inc.

A Youth Water Polo Program

Trial Membership Form

The "Trial Membership" serves as a one-week membership without any additional commitment to Scripps Water Polo Association, Inc.

I understand that this is only a "Trial Membership" and good for one week. If our child wishes to continue with the program I understand that this "Trial Membership" will be applied to the session's dues, which must be paid in full on their first day as a full member, and our child will immediately become an active member of USA Water Polo in order to continue participation in SWPA, Inc., and turn in all required forms. Please visit www.scrippswaterpolo.com for all club forms and dues information.

Retain this top portion for your records, cut and return the lower portion with a check payable to SWPA, Inc. for \$20.00 and our club registration form.

----- Cut Here -----

Please Print Clearly

Today's Date: _____

Athlete's Name: _____ Age /DOB (MM/DD/YY): ____ / _____

Address: _____

Contact Name: _____

Contact Phone: _____

Contact Email Address: _____

I hereby release Scripps Water Polo Association Inc., its members, coaches and administrators, all liability from any possible injury that may occur during this "Trial Membership" period as a water polo player for SWPA.

Parents' Names: _____

Parent Signature: _____ Date: _____

**Please mail this form and the Club registration form to
Scripps Water Polo Association, Inc.
9974 Scripps Ranch Blvd. # 172
San Diego, CA 92131-1825**

Along with a check payable to "Scripps Water Polo Association, Inc." for \$20

If athlete decides to join for the conclusion of the session, the \$20 fee paid with the "Trial Membership" will serve as credit towards the full session fee.