



SUMMER WATER POLO REGISTRATION FORM

Athlete's Name: _____

Athlete's Date of Birth: _____

Male _____ Female _____

Address: _____

Parent's Name: _____

Phone: _____ Cell: _____

E-Mail Address: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

All registration fees/dues are non-refundable

I/We hereby waive, release and hold harmless the Capistrano Unified School District, Erick Lynch, All Coaches and Aliso Aquatics for any and all liability for any injuries or damage that he/she may receive or cause as a result from activities during the above mentioned camp/season. I/We assume all risk and hazards incidental to the conduct of the activities and hereby acknowledge that my child is covered under our family health plan.

By signing below you are agreeing to these terms and services.

**Please mail registration form and payment to: 27221 Cordero Lane Mission Viejo Ca 92691
Please make checks payable to ANHS**

Parent Signature _____ Date _____