



MEMBERSHIP APPLICATION



Ontario Water Polo, 1185 Eglinton Ave. E. Suite 105 Toronto, Ontario, M3C 3C6 Tel: 416-426-7028 Fax: 416-426-7356, www.ontariowaterpolo.ca

New Member Renewal Recreational Competitive

Applicant Information *

Last Name: _____ First Name: _____

please check if the mailing address below has changed since last registration period

Mailing Address: _____ Apt.#: _____

City: _____ Prov.: _____ Postal Code: _____

Residence during Academic Year (if different from above)

Address: _____ Apt.#: _____

City: _____ Prov.: _____ Postal Code: _____

Where applicable state dates of effect from: _____ to: _____

Birth date: _____ Age : _____ Gender: _____ Health Insurance # _____
Dd/mm/yyyy

Tel (Home): _____ cell: _____ Tel (Bus./School) : _____

Email: _____ Fax: _____

Check One Primary Membership Category Athlete Coach Referee Volunteer/Staff

Check any membership category that apply to you Athlete Coach Referee Volunteer/Staff

Check age category

Atom Bantam Cadet Youth Junior Senior/Open

CLUB NAME: _____

Notice of Warning

There is a potential risk for injury involved in training and participating in the sport of water polo. The Ontario Water Polo Association Incorporated (OWP): and its member clubs, have tried to create a safe and controlled environment for participation. The OWP has established rules for participation and conduct on and about the playing area that should be followed. Some hazards which may lead to catastrophic situations are: slips on the pool deck or surrounding area, chlorine leaks, ball injuries and personal body contact injuries, etc.

By signing this document I agree to and will abide to all the OWP policies. If I am a parent/Guardian of a minor I provide consent for my minor child to participate with Ontario Water Polo and their member clubs. *Please initial all boxes.*

All policies are available from your club registrar and on the OWP website at www.ontariowaterpolo.ca

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|--------------------------|---|
| <input type="checkbox"/> | Have read and understand the Notice of Warning |
| <input type="checkbox"/> | Have read, understand and will abide by the terms and conditions in the Water Polo Canada code of conduct |
| <input type="checkbox"/> | Have Read, Understand and agree to the OWP PIPEDA Policy (Revised September 2004) |
| <input type="checkbox"/> | Use of Image – by participating in an O.W.P. Sanctioned event you have agreed to have your photo taken that could be used for the promotion of Water Polo in advertising posters, flyers, website, media releases etc... Complete policy on OWP website |
| <input type="checkbox"/> | I have Read, Understand and will abide the OWP Referee Policy (for referee's only) |
| <input type="checkbox"/> | I have Read, Understand and will abide by the Coaching Code of Ethics from the CPCA (for coaches only) |

Parent/Guardian Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Club Executive Member's Signature: _____ Date: _____

| |
|----------------|
| FOR CLUB USE |
| Fee Received |
| \$ _____ |
| Date Processed |
| _____ |
| Membership # |
| _____ |