2008 REGISTRATION FORM
STANFORD FEMALE SUMMER WATER POLO

ATHLETE INFORMATION

1. _____
Player's Name | Birthdate | Age | School | Grade in 07-08

_____
Player's email (if applicable- put family email below) | Allergies

USWP # and expiration date_____ ***Be sure you are registered as a member of Stanford Water Polo Foundation, Club # 570***

2. _____
Player's Name | Birthdate | Age | School | Grade in 07-08

_____
Player's email (if applicable) | Allergies

USWP # and expiration date_____

FAMILY INFORMATION

_____ _____ _____
Parent(s) Name | Phone # | Emergency Phone #

_____
Family Address | City | Zip

_____
Family Email

The undersigned, in accepting the right to participate in the Stanford Water Polo Summer Program and activities, waives all rights and claims for injuries or damages for negligence or otherwise, against Stanford University, Stanford Women's Water Polo Endowment Fund, Tanner Water Polo Corporation, Menlo School, Sacred Heart Academys, Palo Alto School District, Woodside Priory, Woodside High School, their agents, servants, directors and employees by reason of participation in these activities and programs of the Stanford Female Water Polo Summer Program.

_____ _____
Participant's Signature | Date | Parent/Guardian's Signature | Date

Please make your check payable to: TWPC (Tanner Water Polo Corporation)
See registration form to figure out cost (reduce amount $40 for additional sisters)
(for players who make the senior team we will collect the difference in payment when the team is named.)

Please mail this registration form and your full payment to: **Tanner Water Polo Corp.**
PO Box 19620
Stanford, CA 94309