



BAINBRIDGE
WATER POLO

Athlete Information Form

ATHLETE INFORMATION

Athlete Name _____

DOB _____ School _____ Grade _____

Cell Phone _____ Email _____

USA Water Polo No. _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Email _____

EMERGENCY CONTACT INFORMATION

Contact #1 Name _____

Home Phone _____ Cell Phone _____ Email _____

Contact #2 Name _____

Home Phone _____ Cell Phone _____ Email _____

MEDICAL INFORMATION

Insurance Co Name _____ Insurance Group _____

Insurance ID No _____ Insurance Phone No _____

Doctor's Name _____ Doctor's Phone No _____

Allergies _____ Pertinent Medical History _____

Other Information You'd Like Us To Know _____

MEDICAL RELEASE

In the event of an emergency, I, _____ (parent/guardian), give Bainbridge Water Polo Club authority to provide and/or sign for medical treatment for _____ (student).

Signature of Parent/Guardian _____ Date _____

(By typing your name in the signature line, you agree to the medical release of your athlete.)

PLEASE EMAIL COMPLETED FORM TO: registrar@biwaterpolo.com