



MEMBERSHIP APPLICATION



Ontario Water Polo Association 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): _____ Fax: _____ Tel (Bus./School) : _____

Email: _____

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 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 (OWPA): and its member clubs, have tried to create a safe and controlled environment for participation. The OWPA 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 OWPA policies. If I am a parent/Guardian of a minor I provide consent for my minor child to participate with the OWPA. *Please initial all boxes.*

<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 OWPA PIPEDA Policy (Revised September 2004)
<input type="checkbox"/>	Have Read and understand the OWPA Referee Policy (for referee's only)

Parent/Guardian Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

Club Executive Member's Signature: _____ Date: _____

FOR CLUB USE

Fee Received

\$ _____

Date Processed

Membership #
