

**SAN DIEGO SHORES WATER POLO
MEDICAL/LIABILITY RELEASE**

NOTE: The sport of Water Polo is classified as a "physical contact sport" and athlete participation can, and occasionally does, result in athlete injury. Although most injuries are minor, serious and even life threatening injuries can occur, requiring immediate medical emergency services, care and treatment.

San Diego Shores Water Polo Club. (SD Shores) is a member of United States Water Polo (USAWP). Each and every registered SD Shores athlete must also be a member of USAWP, (no exceptions). As such, USAWP member coaches, officials, member athletes and clubs are covered with general liability insurance.

For the safety of SD Shores athletes, coaches, officials and as required for the use of the pool sites all registered SD Shores athletes must have the following Medical/Liability Release on file for participation with and under the auspices of San Diego Shores Water Polo Club

MEDICAL/LIABILITY RELEASE

This is to certify that I _____, as parent/guardian for _____, acknowledge the aforementioned risks associated with the sport of Water Polo and participation with San Diego Shores Water Polo Club (SD Shores) (domestically and internationally) to include, but not limited to, all practices, tournaments, traveling to and from said events. Further, I consent to and authorize any adult SD Shores coach/trainer (or any adult so directed by a SD Shores coach/trainer) to seek and obtain qualified medical emergency services, care and treatment for the aforementioned registered SD Shores athlete should the need arise. He/she is to do so in a timely manner and every attempt is to be made to contact me.

Additionally, I agree to be fully responsible for any and all expenses incurred and related to any such medical emergency, care and treatment. I agree to hold SD Shores and all others harmless for such expenses/liability except as provided by the USAWP membership of said athlete and that provided under USAWP for San Diego Shores Water Polo Club, Inc. membership and/or the athlete's personal and private medical insurance providers.

Registered Athlete:

Name _____ Age _____ Gender _____ DOB _____

Emergency Contact _____ Phone Number _____

Medical Insurance/Information

Provider _____

Address _____

Phone Number _____ Group/Policy Number _____

Athletes Primary Physician _____ Phone Number _____

Athletes Dentist _____ Phone Number _____

Special Medical Needs:

Parent/Guardians Signature _____ Date _____

Parent/Guardian Name (PRINT) _____

Relationship to Registered Athlete _____