



COASTAL VIRGINIA WATER POLO

## Athlete Registration Form – Summer/Fall 2022

Athlete Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

USA Water Polo Membership\* #:

(\*Please make sure to designate our team as your home club team – VBHSWP)

Health concerns/allergies (if applicable):

Medications (if applicable):

Past Water Polo Experience (# of years played/locations):

Other important things for coaches to know about your athlete:

Parent/Guardian Contact Name(s):

Address:

Parent Phone(s):

Parent Email Address:

Student Email Address (if applicable):

Emergency Contact(s):

T-Shirt Size: