



Athlete Registration Form - Fall 2022 Season

Athlete Name: _____ Birthdate: _____

VB High School: _____ Grade: _____

USA Water Polo Membership* #:

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

Date of most recent VHSL Physical (updated 2021 form) :

Health concerns/allergies (if applicable):

Medications (if applicable):

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

Parent/Guardian Contact Name(s):

Address:

Parent Phone(s):

Parent Email Address:

Student Email Address:

Emergency Contact:

T-Shirt Size:

Interested in volunteering?

- 1.) Time Clock, 2.) Shot Clock, 3.) Stats/Game Scorecard
- 4.) Back to School Orientation/Activity Fair Recruitment, 5.) Marketing 6.) Other