



Administrative Offices:
P.O. Box 1035
Lafayette, CA 94549

Lamorinda Water Polo, Inc. Athlete Registration Form

Please fill out (print or type) and return with your payment.

Athlete's Name: _____

Address: _____

City / Zip: _____

Phone Number: _____

Email Address: _____

Attending What School: _____

Current Grade: _____ Gender: M F

Date of Birth: _____ Current Age: _____

USAWP Membership: _____ Exp Date: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

For Office Use Only

Fee Received: \$ _____ Ck# _____ Date Received: _____

Confirmed USAWP Membership: _____

Registration ___ Code of Conduct ___ Medical ___ Play-Time Policy ___