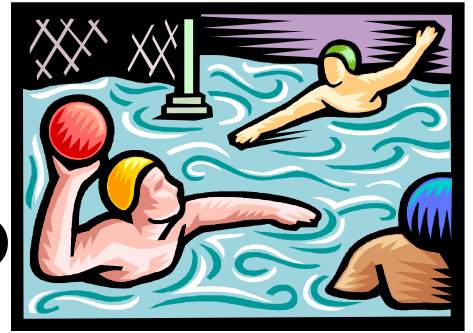


# Clear Creek Spring 2010 WATER POLO



Where: Clear Creek Pool

When: Tues, Thur 5:30- 7:30 pm

Start Date: Feb 16 - Apr 30

Games: Tentatively :

March 7

March 28

April 11

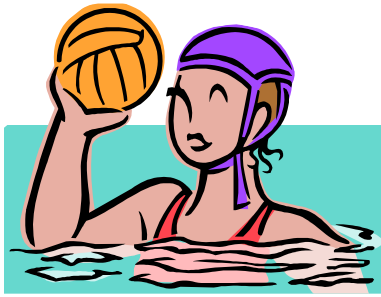
April 18 or 24

Cost: \$200

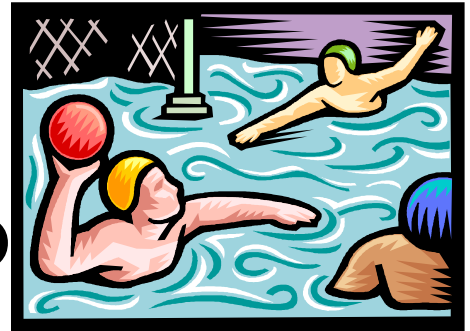
Make Checks payable to: Anne Woolweaver

Ages: 8<sup>th</sup> grade and younger

Questions email [awoolwea@ccisd.net](mailto:awoolwea@ccisd.net)



# Clear Creek Spring 2010 WATER POLO



Athlete: <b>M / F</b>	Parent/Guardian:
Home Phone:	Cell Phone:
Email:	Grade: _____ Birthdate: __/__/__
Address:	
City, State, Zip:	

### EMERGENCY CONTACT INFORMATION/MEDICAL AUTHORIZATION

Emergency contact other than parents: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or special conditions: \_\_\_\_\_

Doctor or clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

I authorize the Clear Creek Water Polo Club and its representatives or agents to take my child to a doctor, if necessary, in the event I cannot be reached. I give the doctor permission to perform services he/she considers absolutely necessary. I hereby give my permission and consent for my child or children to participate in the activity described above and to use any necessary facilities. Further, I authorize my child's picture to be posted on the web.

\_\_\_\_\_  
Parent's Name - Please print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature