



GOSFORD WATER POLO CLUB INC.

JUNIOR MEMBER REGISTRATION FORM - 2009/2010

Surname:

First Name:

Street Address:

Suburb: Post Code

DOB: Boy / Girl please circle one

Home Phone Number: Registration Fee \$40 Paid Yes / No

email: (optional)

Emergency Contact Name:

Emergency Contact Phone :

School:

Medical Conditions / Allergies:

- 1) I/We understand & agree for CCJWP to use any photographs, film, images or any other media of players and participants taken at any CCJWP sanctioned events for publicity and advertising purposes.
- 2) Information on this form is entered onto the CCJWP member's database of registered members or officials and maintained by CCJWP. Information may be forwarded if requested to the nominated insurer of CCJWP. Your information will not be used or disclosed except in accordance with the provisions of the Privacy ACT 1988
- 3) **Code of conduct - player.** I agree to conform to all rules, regulations & procedures announced by CCJWP & understand that violent or unsportsmanlike behaviour will not be tolerated.
- 4) **Code of conduct - Parent/Guardian.** I understand that harassment of any referee, player, manager, coach or other official is prohibited and I understand that should I not abide by the agreed conduct I may be subject to disciplinary action. I also understand that if any offending individual(s) are ask to leave the facility all games may be suspended by CCJWP officials until they doso.

Dated

Signature of player

Dated

Signature of Parent/Guardian

If you wish to purchase club clothing please complete the club clothing order form.