



# GOSFORD WATER POLO CLUB INC.

## UNDER 18 & SENIOR MEMBER REGISTRATION FORM - 2009/2010

SURNAME:

GIVEN NAME(S):

ADDRESS:   
 POSTCODE

MALE  FEMALE DOB  /  /

CONTACT NUMBERS:

EMAIL:

EMERGENCY CONTACT:

EMERGENCY PHONE:

MEDICAL CONDITIONS / ALLERGIES:

FEES PAID  YES / NO \$ \_\_\_\_\_

OTHER CLUB(S):

### REGISTRATION TYPE

- I wish to register with NSWWPI as a Fully Registered Member Fee: \$160 Senior / \$80 Junior\*
- I wish to register with NSWWPI as an Associate Member Fee: \$16
- I wish to register with CCWPI as a Local Participant only Fee: \$75 Senior / \$45 Junior\*  
\*Juniors born 1/1/92 or later

**Please Note:** If you wish to play outside the jurisdiction of CCWPI, such as Sydney or Newcastle club competitions, NSW Club, NSW Country Club, NSW Country District Championships, or any NSW representative side you must register with NSWWPI as a fully registered member. If you intend to coach, referee or officiate at any NSWWPI sanctioned event you must register with NSWWPI as an Associate Member. If you intend to participate solely in the local Central Coast competition you may choose to register as a CCWPI local participant only.

- a) I hereby apply for membership of GWPCI and agree to adhere to the provisions of the Constitution and By Laws of both GWPCI & CCWPI. I will also abide by all CCWPI policies applicable to my membership including the CCWPI Anti-Doping Policy and the CCWPI Codes of Behavior.
- b) I/we also understand and agree that GWPCI & CCWPI has the right to use for publicity and advertising purposes: photographs, film and images or any other media of players and participants taken at any GWPCI or CCWPI sanctioned events.
- c) Information on this form is entered onto the CCWPI Members' Database of registered members or officials, maintained by CCWPI in conjunction with New South Wales Water Polo Inc. Coaches or officials will be sent relevant information as a consequence of a member's inclusion in a representative team. Your information will not be used or disclosed except in accordance with the provisions of the Privacy ACT 1988.

Dated \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Dated \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_



# ***GOSFORD WATER POLO CLUB INC.***

IMPORTANT NOTICE TO PLAYERS – YOU MUST READ THIS CAREFULLY

## **PARTICIPATION AGREEMENT**

**(ACKNOWLEDGMENT, WAIVER AND INDEMNITY)**

I, the player named below ACKNOWLEDGE: -

The activities associated with training for and playing water polo can be hazardous and that serious accidents causing death, bodily injury, disability and damage (including property damage) can and do happen; Gosford Water Polo Club Inc is affiliated to Central Coast Water Polo Inc and New South Wales Water Polo Inc. If you choose to affiliate with NSWWP, NSWWP maintains limited insurance cover through its affiliation with Australian Water Polo Inc, provided such registration is current at the time of the event giving rise to a claim on such insurance ("the AWPI Insurance Scheme").

For those players who choose to register with CCWPI as a local participant, CCWPI maintains limited insurance cover through the New South Wales Government's NSW Sporting Injuries Insurance Scheme, provided such registration is current at the time of the event giving rise to a claim on such insurance ("the CCWPI Insurance Scheme").

IN CONSIDERATION of my being allowed to participate in the sport of water polo administered by CCWPI and/or in consideration of the benefits which are available to me (or on my behalf) through the CCWPI and NSWWP Insurance Schemes (the Schedules of Benefits of which I have read, acknowledged and accepted as being reasonable compensation) I: - Acknowledge and assume all risk of death, bodily injury, disability or damage (including property damage);

Waive all claims which may be made by me or on my behalf against GWPCI & CCWPI, its servants, agents and all persons and corporations operating under its auspices and authority and all players, referees, coaches, trainers and others registered with it (individually and collectively called "Associates") for death, bodily injury, disability or damage (including property damage);

Arising by, through or in connection with GWPCI & CCWPI caused or contributed to by acts of negligence or breach of contract by GWPCI & CCWPI and its Associates to the full extent permitted by law.

FURTHER FOR THE CONSIDERATION set out above I indemnify GWPCI & CCWPI and its Associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that GWPCI & CCWPI and its Associates are not already indemnified or insured.

I AM AWARE this is a legal document and that I have had the opportunity of taking independent legal advice on it. After taking such advice (or waiving my right to do so) I confirm that I have signed this Agreement of my own free will knowing that I have relinquished important legal rights.

Dated: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

In the case of the above named player being under the age of eighteen (18) years, I, the parent or guardian of said player acknowledge I have read this document and have had the opportunity of taking independent legal advice on it. After taking such advice (or waiving my right to do so) I confirm I have accepted its terms on behalf of such player and in consideration of such player being allowed to participate in the sport of water polo administered by GWPCI & CCWPI I indemnify GWPCI & CCWPI and its Associates against all liability arising as a result of such player's negligence (or the negligence of such player's servants or agents) in respect of any death, bodily injury, disability, damage (including property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that GWPCI & CCWPI and its Associates are not already indemnified or insured.

Dated: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_

Both CCWPI and NSWWP Insurance Schemes, and other member information may be viewed on the web site [www.centralcoastwaterpolo.net](http://www.centralcoastwaterpolo.net) and by e-mail upon request.