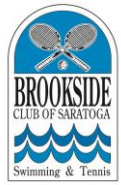


# Waves Water Polo Registration Form



## General Information

Name and Age \_\_\_\_\_  
Name and Age \_\_\_\_\_  
Name and Age: \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

## Emergency Information

Name/Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

### Waiver

I hereby acknowledge my awareness that my child's participation in any activity at Brookside Club of Saratoga may expose them to risks of property damage and bodily or personal injury, including injury that may be fatal. I understand that the risks to which my child may be exposed include, but are not limited to sickness, broken bones, sprains, concussions, lacerations, injury from balls, and other athletic equipment, heart attack and inclement weather. I further understand that my child may be exposed to other risks which may not be foreseeable. I hereby assume any and all such risks. For the sole consideration of Brookside supporting my participation in any activity, I hereby release and forever discharge Brookside, its owners, and/or their employees from any and all claims, demands, rights and causes of action of whatever kind arising from or by reason of any personal injury, property damage, or other damages or the consequences thereof, resulting from or in any way connected with my child's participation in any activity at Brookside. I agree that this Release, Waiver of Liability and Covenant Not to Sue is to be construed under the laws of the State of California and that if any portion is held invalid or unenforceable, the remainder shall, notwithstanding, continue in full legal force and effect. I further covenant and agree that for the consideration stated above, I will not sue Brookside, its owners, or /and their employees for any claim for damages resulting from or in any way connected with my child's participation in any activity at Brookside. I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by Brookside shall not constitute a waiver, in whole or in part, of sovereign immunity by said owners, and employees. By signing below, I hereby certify that I have read this entire document, that I understand its terms, that I am giving up legal rights that I might otherwise have, and that I have signed it knowingly and voluntarily.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Payment:
Members: \$70 per participant
Non-Members: \$105 per participant
Total Amount Paid: _____ on _____ (amount) (date)
Payment Type: Cash _____ Check #: _____ Bill to my Account: _____
Non-Member Payment Type: Cash _____ Check #: _____
Received By: _____