

## Please READ CAREFULLY BEFORE JOINING STINGRAYS:

- 1) You are making a commitment for your athlete(s) to improve on their water polo skills and abilities.
- 2) Joining The Stingrays team REQUIRES a commitment from parents and water polo players!!!!
- 3) Practices ARE mandatory. Player(s) may miss a maximum of 4 practices per session, unless there is a doctor's note.
- 4) ONLY By attending ALL practices will you or your athlete(s) see improvements!!!!
- 5) ALL player(s) must have a team swim Suit.
- 6) Stingray's player(s) MUST wear SWIMMING swim suits (Girls-one piece suit; Boys jammers or racing suits) during practices.
- 7) Stingray's players MUST wear ONLY STINGRAYS attire during polo games. Failure to do so, head coach will NOT ALLOW player to participate in games.
- 8) Level 1 AND level 2 player(s) are REQUIRED to attend ALL water polo games. Failure to do, player(s) will NOT be allowed to PRACTICE ONE WEEK!!!!!! Exceptions are made for player(s) with doctor's note.
- 9) ALL players(s) MUST be registered with American Water Polo.

I have read and understand all the Stingrays RULES!!!

Parent signature

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Player signature

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Water Polo  
2011 -2012 Registration Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

Swimming Experience \_\_\_\_\_

E-mail Address \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_

Parents Names \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Any Medical Information we should be aware of \_\_\_\_\_

\_\_\_\_\_

Free T-Shirt size \_\_\_\_\_

- Level 1           \$300
- Level 2           \$325
- Clinic             \$100

Please make check payable to:  
**Lawrenceville Stingrays**  
**P.O. Box 66031**  
**Lawrenceville, NJ 08648**

**The Lawrenceville Aquatics  
Participation and Release Agreement**

I, Acting on behalf of myself, my family members, all other members of my household, all guests or persons employed by me, accompanying the above persons, as well as in the capacity as the legal guardian of the children named below, (collectively the "Participants"), hereby release and discharge The Lawrenceville Aquatics Club the owners, officers, directors, employees, agents, successors, legal representatives and assigns (collectively the "Club"), from all claims, demands, actions judgments and executions of any kind, nature and description, including without limitation those arising with respect to or in anyway related to any swimming programs conducted by or associated with the Club, its facilities and/or any facilities used by the Club (the "Programs") whether arising out of past, present, or subsequent events, whether known or unknown, without regard to the cause or causes thereof or the negligence or gross negligence, of any party or parties, including that of the Club. The Participants agree to protect, defend, indemnify and hold harmless The Lawrenceville Aquatics Club from and against any and all liability, loss, damage or expense, including reasonable attorney's fees, the club may suffer or incur as a result of any claims, demands, costs, litigation, injury to persons or property, death and judgment against the Club of every kind and character by, for, through or on behalf of the Participants, without limit and without regard to the cause or causes thereof or the negligence or gross negligence of any party or parties, including the Club, with respect to the Programs. The Participants agree to maintain in force adequate insurance coverage, including without limitation property, casualty, liability, and other insurance, sufficient to cover all of their obligations under this Agreement. I hereby represent and warrant that I have legal authority to act on behalf of the Participants and to legally bind the Participants to the terms of this Agreement. I have noted any and all medical history or other information of which The Lawrenceville Aquatics Club should be aware that would or could affect participation of any of the Participants in the Programs. The Participants hereby authorize the Coaches to treat any Participants in medical emergency arising during or incident to the Programs.

*List children who are swimming or playing water-polo*

\_\_\_\_\_ Birth date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_ Birth date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

I have read and I fully understand the guidelines set forth by The Lawrenceville Aquatics Club with regard to private, semi-private and small group instruction.

Printed Name (*Parents' name*) \_\_\_\_\_ Phone (     ) \_\_\_\_\_

X \_\_\_\_\_

Parents Signature

# 2012 American Water Polo Individual Membership Form

This form is used by coaches, referees, athletes, families, and parents.  
Coaches registering their clubs must use the [Club Registration Form](#)



First Name		Last Name	
Street			
City		State	Zip
Email			
Primary Ph		Home Work Cell (circle one)	
Secondary Phone		Home Work Cell (circle one)	
Date of Birth			

Membership Type (check all that apply)				
\$40	Senior Athlete (23 or older)		\$30	<b>Scholastic Athlete (22 or younger)</b>
Free	Coach or Referee		\$25	Limited*
\$35	Contributor/Parent		\$75	Family Plan

\*The Limited Membership is available to athletes currently registered with USWP. Individuals must show proof of membership with their application. This membership does not provide any benefits other than insurance coverage for the competitive events.

If choosing Family Plan, list the names of the additional immediate family members				
Name		Date of Birth		Shirt Size
Name		Date of Birth		Shirt Size
Name		Date of Birth		Shirt Size
Name		Date of Birth		Shirt Size
Shirt Size (Please circle one)				
Adult XXL		Adult <del>Sm</del> /Yth Lg		
Adult XL		Yth M		
Adult Large		Yth <del>Sm</del>		
Adult Med/Yth XL				

Club Name	<b>Stingrays</b>	If not affiliated with a club, check the box to the right
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Coaches registering ten or more athletes will be eligible to receive an annual reward. For example, AWP would provide rewards for two coaches in a club with 20 athletes.

Total Amount Enclosed	\$
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Make checks payable to: Lawrenceville Stingrays

P.O. Box 66031 Lawrenceville, NJ 08648