

UTS - RYDE WATER POLO CLUB INC.

REGISTRATION APPLICATION AND INFORMATION

SURNAME: _____

CHRISTIAN NAME: _____

ADDRESS: _____ P/CODE: _____

PHONE NO: (H) _____ (W) _____ (M) _____

(F) _____ (EMAIL) _____

EMERGENCY CONTACT NUMBER - _____

➤ please advise any mid year changes to the club registrar – in writing

DATE OF BIRTH: _____

MALE/FEMALE

UTS STUDENTS

UTS STUDENT NUMBER: _____ ADVANTAGE PROGRAM NUMBER: _____

OTHER WATER POLO CLUBS PLAYED WITH LAST SEASON (IF ANY): _____

PREFERRED POSITION/S: _____

I WOULD LIKE TO COACH/ MANAGE/ ASSIST - IN TRAINING - AT GAMES (Please Circle)

I WOULD LIKE TO REFEREE/ LEARN TO REFEREE (Please Circle)

I Declare That The Above Information Is True And I Agree To Be Bound By The Constitution And By Laws Of The UTS - Ryde Water Polo Club Inc.

SIGNED _____ DATE _____

(PARENT/GUARDIAN IF U/18)

COMMITTEE USE ONLY

POLO REG. NO. _____

GRADE: _____

FEES PAID: \$ _____
\$ _____
\$ _____

RECEIPT NO: _____
RECEIPT NO: _____
RECEIPT NO: _____

REG. WITH NSWWPI: x✓ _____
REG. WITH RYDE SCI: x✓ _____