



PO Box 45178
Waterloo
Lower Hutt 5042
www.huttwaterpolo.org.nz

2020 REGISTRATION FORM

Name:

Address:

Date of birth:/...../..... Home phone: Cellphone:

E-mail address:

Parent/Caregiver (if U18): Parent/Caregiver email (if U18):

I would like to renew my membership join the Club as a JDS U14 U16 U18 U20 Senior

Member for the 2020 season (tick which is applicable) Please use available credit in my account towards my subscription

SUBSCRIPTION OPTIONS – To be advised by Managers	
U12 / U14 / U16 / U18	<input type="checkbox"/>
Senior/National league player	<input type="checkbox"/>
Out of Town members	<input type="checkbox"/>

Subscriptions include admission to any pool for normal weekly training sessions. Subscriptions do not include specific tournament related expenses.

PAYMENT OF SUBSCRIPTIONS:

Please complete this Registration Form and email to treasurer@huttwaterpolo.org.nz. Payments to be made direct to Westpac 03-0531-0622204-00 (include your name as reference) – Subscriptions can also be paid by monthly automatic payments

I have read and agree to abide by various 'Standard Documents' published on the Club's web page www.huttwaterpolo.org.nz including Code of Conduct, Team Selection Process and Game Time Guidelines

I agree to be responsible for any debts incurred through my membership of the Hutt Water Polo Club and any tournament participation

I give / I do not give permission for my child's name and/or photos to be used while playing for the Hutt Water Polo club.

Health & Safety Notice: If you incur any injury at any pool during club training times, you must report this to the Pool Staff immediately.

If you suffer from a medical condition (i.e. asthma, epilepsy, ADHD, deafness) that may affect or interfere with your participation in water polo, please notify the Chairperson in writing to chairperson@huttwaterpolo.org.nz immediately.

In terms of the Privacy Act 1993, I consent to the collection of the above details by the Hutt Water Polo Club Inc for the purpose of club records, and this information to be retained, used and disclosed to WWPC and NZWP. I acknowledge my rights to have access to and to correct this information.

Member's signature: Date:/...../.....

Parent/Caregiver's signature (if U18 years of age on 01/01/19):