

2017 DACA SUMMER WATER POLO REGISTRATION FORM

Bug Ball Water Polo at Saratoga High School (Ages 5 to 10)

Pre-Competitive Water Polo at Saratoga High School (Ages 9 to 14)

How to Register:

Register by Mail: This registration form must be post-marked by Monday, June 5th, 2017. Complete this registration form. Read and sign the release below.

Mail this registration form with payment to:

DACA SUMMER WATER POLO
1080 S. DE ANZA BLVD.
SAN JOSE, CA 95129

Confirmation of Class Registration: Confirmation of your registration will be made via phone message.

Child's Name:			Age: _____	Sex: M F	Date of Birth:
_____	_____	_____	_____	Circle	____/____/____
Last	First	Middle			MM/DD/YY
Parent's Name: _____			Home Address: _____		
Day Phone : _____			City and Zip: _____		
Email Address: _____			Emergency Contact - Name & Phone: _____		

Class Level and Schedule (Please circle class level):

Location

Cost

Bug Ball Water Polo	6/12 – 8/3	Monday – Thursday	12:45 to 1:30 PM	Saratoga High School	\$185.00
Pre-Competitive Water Polo	6/12 – 8/3	Monday – Thursday	1:30 to 2:30 PM	Saratoga High School	\$200.00

Payment: Registration can now be completed online or by mail. Online registration is available at www.DACA.org. To register by mail: complete the registration form and payment option form. Payment is *non-refundable*.

SARATOGA SUMMER WATER POLO AGREEMENT AND RELEASE OF ALL LIABILITY

I, _____, on behalf of myself and my child, _____, have voluntarily requested to participate in swim lessons offered by De Anza Cupertino Aquatics (DACA). I am aware that attending or participating in these activities involves risk of injury to person and property. I voluntarily accept and assume all risk from attending or participating in these activities.

In consideration of being permitted to participate in these activities, I agree, on behalf of myself and my child, our heirs, personal representatives and assignees, not to make any claim against or sue the City of Saratoga, Los Gatos-Saratoga High School District, Saratoga High School, DACA or their employees, officers, directors, agents, members or board members (collectively referred to as the "RELEASED PARTIES") for any injury or damage to my child or myself arising from the negligence, or other acts, however caused, of the Released Parties.

In addition, I release and discharge the Released Parties for all actions, claims or demands that I or my child, our heirs, personal representatives or assignees, have or may hereafter have for personal injuries to my child or myself, or property damage resulting for the activities described above. This release includes injury or damage caused by negligence, active or passive, or other actions of the released parties.

I HAVE CAREFULLY READ THIS AGREEMENT, I UNDERSTAND THIS IS A COMPLETE RELEASE OF ALL LIABILITY, AS WELL AS A PROMISE NOT TO SUE OR MAKE A CLAIM.

Date: _____ Name of Participant _____ Signature of Participant (Parent or guardian if under 18 years of age) _____

The undersigned parent hereby gives permission for any necessary medical care to be given to my child in the case of an accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

Date: _____ Parent's Full Name _____ Signature of Participant (Parent or guardian if under 18 years of age) _____

DACA Payment Option Form

Parent/Guardian's Name: _____

Swimmer (s) Name: _____

Phone Number: _____ Alternate: _____

Credit Card Information:

Master Card: _____ Visa: _____ Discover: _____

Credit Card Number: _____

Name as it appears on the card: _____

Security Code: _____

Expiration Date: _____

Credit Card Billing Address:

Street Address: _____

City, State, and Zip Code: _____

Authorization:

I understand that by signing this form I am entering into a legally enforceable agreement with DACA.

I authorize DACA to charge my credit card.

Cardholder Signature: _____