

Ohio Squirrels Water Polo Club

Cincinnati, Ohio
ohio.squirrels@gmail.com
www.ohiosquirrels.com



Registration

Athlete Information:

First & Last Name _____

Gender ___F ___M Years of Experience ___ Age ___

Contact Information

Address: _____

City/State/Zip _____

Contact Phone _____

Contact Email _____

Quarterly Club Dues (every 3 months)

Ohio Squirrels Water Polo Club collects dues to cover expenses related to pool rental, equipment, website, postage, administrative work, advertisement, recruitment and hosting local tournaments. These fees are required prior to attending any tournament with OSWPC.

Levels

- \$60- Cincinnati Player – Post High School – Full Time**
 - Quarterly practice opportunities
 - Ability to attend all tournaments
 - Roster spot within Ohio Squirrels
 - Receive weekly emails, updates and newsletter – “The Nut”
 - Invitation to **Queen City Rumble** – To Be Determined
- \$60- Cincinnati High School Player**
 - Quarterly practice opportunities
 - Roster spot within Ohio Squirrels
 - Receive weekly emails, updates and newsletter – “The Nut”
 - Invitation to **Queen City Rumble** – To Be Determined

PayPal features are included on www.ohiosquirrels.com to help with quick and easy payments by use of Visa, MasterCard, American Express or Discover. Any questions, please email ohio.squirrels@gmail.com.

Dues will be assessed for new players following their 2nd practice. This will give them an opportunity to have an introductory session and decide whether they would like to officially be a part of the Ohio Squirrels Water Polo Club. Practice locations include: Milford HS & Xavier University

Waiver

This is to certify that I, _____ acknowledge the aforementioned risks associated with the sport of Water Polo and participation with Ohio Squirrels Water Polo (domestically and internationally) to include, but not limited to, all practices, tournaments and traveling to and from said events.

Further, I consent to and authorize any administrator of Ohio Squirrels Water Polo Club to help obtain qualified medical emergency services and treatment for myself if the need may arise.

Additionally, I agree to be fully responsible for any and all expenses incurred and related to such medical emergencies, treatment and care. I agree that the Ohio Squirrels Water Polo Club will not be held responsible for any of these expenses and liability

OSWPC Registered Athlete Signature _____

Date _____

Phone # _____

Note: Additional costs apply for travel, tournament entrance fees and lodging expenses and depending on participation levels. Ohio Squirrels Water Polo Club will assist in coordinating arrangements, but will not disburse funds or confirm lodging accommodations. Every effort will be made to provide reasonable accommodations.