

## 2018 USA Water Polo Trial Athlete Membership Form

### TRIAL MEMBERSHIP TERMS

- The Trial Membership is for **first-time athletes only**. Previous USAWP members are not eligible for this membership.
- This is a one-time, 14-day membership that **will activate the date you enter into the club information section**. (If date is not listed, then the start date will be the date the application was signed. In the case no date is listed on application, USAWP use the date the application was received.)
- All trial memberships are intended for practices and development purposes, such as club clinics and practices.
- Trial memberships are not meant for ANY type of USAWP competition.
- Form must be complete. Takes 2-3 days to process application.
- Trial membership is free.

### Please send form by:

Email: [membership@usawaterpolo.org](mailto:membership@usawaterpolo.org)

Mail: USA Water Polo  
2124 Main Street  
Huntington Beach, CA 92648

Fax: (714) 500-5052

### **ATHLETE INFORMATION (required)**

First Name (*legal*): \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ (*if same as first name; please leave blank*)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Gender:  Male  Female

Date of Birth (*mm/dd/yyyy*): \_\_\_\_\_ Expected High School Graduation Year (*18 & under*): \_\_\_\_\_

Parent/Guardian Name (*if applicable*): \_\_\_\_\_ Parent/Guardian Name (*if applicable*): \_\_\_\_\_

### **CLUB INFORMATION (required)**

Club Name: \_\_\_\_\_ Club ID: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Trial Membership Start Date: \_\_\_\_\_

(*If date is not listed, then the start date will be the date the application was signed. In the case no date is listed on application, USAWP use the date the application was received.*)

**USA WATER POLO, INC. MEMBERSHIP TERMS & CONDITIONS**

By signing below, I hereby verify that I have read and fully understand each of the following conditions for my being accepted as a member of USA Water Polo, Inc. ("USAWP") and for USA Water Polo, Inc. ("USAWP") permitting me to participate at any USA Water Polo, Inc. ("USAWP") sanctioned event and I hereby accept each of the conditions set forth below.

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD THIS WAIVER MUST BE READ AND ACCEPTED BY THE LEGAL GUARDIAN OF THE PARTICIPANT. By signing below, I hereby verify that, as legal guardian of the membership applicant, I have read and fully understand each of the following conditions for permitting my child to become a member of USAWP and to participate in any USAWP sanctioned event, and I accept each of the conditions below on behalf of my child.

**ACCEPTANCE OF THE FOLLOWING PROVISIONS IS A CONDITION OF MEMBERSHIP IN USAWP AND FOR ELIGIBILITY TO PARTICIPATE AT ANY USAWP SANCTIONED EVENT.**

In consideration of my membership in USAWP and USAWP permitting me to participate in USAWP sanctioned events, I agree to the following:

**1. RELEASE AND LIMITATION OF LIABILITY:**

In consideration of being admitted as a member of USAWP, and all of the privileges attendant to such membership, including being allowed to participate in USAWP sanctioned events and activities related thereto:

- The undersigned acknowledges, appreciates, and agrees that there is a risk of injury resulting from my participation in water polo activities, including serious injuries, such as the possibility of my suffering a concussion, broken bone or other injury that could result in permanent paralysis or even death, and that such risk cannot be eliminated.
- The undersigned acknowledges and agrees that USAWP has not assumed any duty to minimize the risk of injury or the severity of any injury that I may suffer while participating in the sport of water polo or activities related thereto.
- Notwithstanding the foregoing, the undersigned knowingly and freely assumes all risks associated with the undersigned's participation in the sport of water polo and activities related thereto.
- The undersigned hereby releases: (a) USAWP, (b) USAWP's sponsors and advertisers, (c) the owners and lessors of premises utilized in connection with USAWP events and activities related thereto, and (d) the officers, directors, agents, employees and independent contractors of each of the foregoing (the parties referred to in sections (a), (b), (c) and (d) of this paragraph being collectively referred to as the "Released Parties") from any and all claims, actions, causes of action and liabilities, whether known or unknown, suspected or unsuspected, of every nature whatsoever that they have, or may have, now or in the future, excepting only claims, causes of action and liabilities arising from the Released Parties' gross negligence, reckless conduct or willful misconduct.
- The undersigned will immediately report to an official in charge any condition or conduct that the undersigned believes to be unsafe or that the undersigned believes to endanger the undersigned or any other participant in any activity in which the undersigned is engaged.

The undersigned hereby agrees to comply with all rules promulgated by USAWP governing the undersigned's conduct, as they now exist or as they may hereafter be amended.

**2. MEDICAL ATTENTION:**

I hereby give my consent to USAWP and the host organization of any USAWP sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in USAWP sanctioned events. Notwithstanding the foregoing, I understand and agree that neither USAWP, nor the host organization of any USAWP sanctioned event, has any obligation to provide any such medical/athletic training attention and both the lack of any such medical/athletic training attention and the provision thereof on a voluntary basis by USAWP and/or the host organization is and shall be covered by the release set forth in Paragraph 1 above.

**3. READINESS TO COMPETE:**

I will only participate in those USAWP sanctioned competitions or activities for which I believe that I am physically and psychologically prepared to participate.

**4. CODE OF CONDUCT:**

USAWP has adopted: (a) Rules Governing Athletes' Conduct, (b) Rules Governing Coaches' Conduct (c) Rules Governing Referees' Conduct and (d) Rules Governing Club Administrator Conduct. Those Rules are amended from time to time. The Rules currently in force are posted on USAWP's website. All USAWP members are expected to become familiar with those Rules and to comply with those Rules at all times, including while participating in water polo activities under the supervision of governing bodies other than USAWP, such as interscholastic water polo or intercollegiate water polo, since USAWP's members' conduct while participating in such activities reflects on USAWP as an organization. Failure to comply with the Rules can result in the temporary or permanent suspension of a member's USAWP membership or the imposition of a period of probation.

**5. PHOTOGRAPHS:**

I agree to be filmed and photographed by the official photographer(s) and network(s) of USAWP under conditions authorized by USAWP and give event organizers and USAWP the right to use my name, picture, likeness and biographical information before, during and after the period of my participation in these activities for all purposes; provided that in no event may USAWP or the event organizers use or authorize use of my name, likeness, voice and biographical information for the purpose of trade, including any use in a manner that would imply endorsement of any company, product or service (other than USAWP and the services provided by USAWP), without my written permission.

**6. COLLECTION OF PERSONAL INFORMATION:**

If the participant is a minor, I consent to the collection of personal information regarding my child or ward through USAWP's online Membership Database.

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# CONCUSSION AND HEAD INJURY INFORMATION SHEET

## HEADS UP CONCUSSION in Youth Sports

HEADS UP is a series of concussion education initiatives developed by the Center for Disease Control (CDC)

### What is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move rapidly back and forth. This sudden movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging brain cells.

### The Facts

All concussions are serious.

Concussions can occur without the loss of consciousness.

Concussions can occur in any sport.

Recognition and proper management of concussions when they occur can help prevent further injury or even death.

Some symptoms may not appear for hours or days after the injury.

Concussion Signs Observed	Concussion Symptoms Reported
Can't recall events <i>prior to or after</i> a hit or fall.	Headache or "pressure" in head.
Appears dazed or stunned.	Nausea or vomiting.
Forgets an instruction, is confused about assignment or position, or is unsure of the game, score, or opponent.	Balance problems or dizziness, or double or blurry vision.
Moves clumsily.	Bothered by light or noise.
Answers questions slowly.	Feeling sluggish, hazy, foggy, or groggy.
Loses consciousness ( <i>even briefly</i> ).	Confusion, or concentration or memory problems.
Shows mood, behavior, or personality changes.	Just not "feeling right," or "feeling down".

### What to do after a suspected Concussion of Head Injury

If you suspect an athlete has one or more symptoms of concussion, the CDC recommends the following steps:

#### HEADS UP ACTION PLAN:

1. Remove the athlete from play
2. Keep the athlete out of play the day of the injury and until cleared by a licensed healthcare provider who is trained in the evaluation and management of concussions and is acting within the scope of his or her practice. Do not try to judge the severity of the injury yourself. Only a licensed healthcare provider who is trained in the evaluation and management of concussions and who is acting within the scope of his or her practice should assess an athlete for a possible concussion.
3. Record and share information about the injury, such as how it happened and the athlete's symptoms, to help a healthcare provider assess the athlete.
4. Inform the athlete's parent(s) or guardian(s) about the possible concussion including the time and date of the suspected injury, the symptoms observed and the treatment, if any, provided to the athlete, and refer them to the CDC's website for more concussion information.
5. Ask for written instruction from the athlete's healthcare provider about the steps you should take to help the athlete safely return to play.
6. If the athlete suffered a concussion, do not return the athlete to competition until the athlete has followed a graduated return to play protocol of no less than seven (7) days under the supervision of a licensed healthcare provider.

For more information regarding head injuries and concussions, including fact sheets, videos, and training courses, please visit the Center for Disease Control HEADS UP Concussion website at [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

I have read the foregoing concussion information sheet:

\_\_\_\_\_ (Member) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Parent - if Member is 17 years of age or younger)