



COMMITMENT TO ATTEND TOURNAMENT FORM

Congratulations on representing the Marlborough Water Polo Club in a tournament team. The information provided on this form, is assist your team manager with bookings, fees and registration form details.

By completing this form, you agree to the following:

- a) Committing to and attending the upcoming tournament
- b) Representing the Marlborough Water Polo Club to a high standard
- c) Abiding by the MWPC player code of conduct (*available on the website*)
- d) Photographs being taken by tournament organisers and/or Club members
- e) Administering first aid, known medications or seeking medical assistance if required

TOURNAMENT DETAILS	
Tournament Name	
Tournament Date	
Tournament Location	
TEAM MANAGEMENT	
Coach	
Assistant Coach	
Manager	
PLAYER DETAILS	
Name	
Date of Birth	__ __ / __ __ / __ __ __ __
Cellphone	
Email	
Address	
PARENT/CAREGIVER DETAILS	
Name	
Relationship to Player	
Cellphone	
Email	
PLAYER ALLERGIES	
Any known allergies	Medications

Travel Arrangements:

All team members are encouraged to travel with their team unless otherwise arranged with Team Management. Family members are encouraged to organise their own travel arrangements.

Payments:

Team management will supply players with an outline of costs for the tournament as soon as practicable. Players are encouraged to deposit \$50 into the club bank account to confirm placement on the tournament team. This payment is non-refundable.

Marlborough Water Polo SBS: 03-1369-0185273-00

Withdrawing from the Team:

If for some reason a player must withdraw from the team, the \$50 deposit will not be refunded to cover any costs incurred.

Consent for Photos:

Photo's may be taken during tournaments for the purpose of promoting water polo and / or MWPC. If a player/guardian does not consent to photo's being taken or used, please notify Team Management.

Name of Player: _____

Signature: _____

Date: _____

Players under the age of 16 years require the consent from a parent/guardian.

Name of Parent/Guardian: _____

Signature: _____

Date: _____