

# Solano County Water Polo Registration Form



## ATHLETE INFORMATION

Gender:  Male  Female

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

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

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

Athlete Email: \_\_\_\_\_

Athlete Cell #: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age as of August 1, 2023: \_\_\_\_\_

Expected High School Graduation Year (18 & under): \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Primary Phone Email: \_\_\_\_\_

USA Water Polo Registered:  Yes  No

If Yes: USA Water Polo Member ID#: \_\_\_\_\_