

Water Polo Athlete Medical Clearance Form

Athlete's Name: _____

Name on Insurance Card: _____

Insurance Company: _____ Group Number: _____

*American Water Polo Membership Number: _____

☐ Renewed for 2018 (if a returning water polo player)

_____: (initial) It is unsafe and prohibited to play or practice water polo while wearing prescription eyewear, due to the potential for eye injury. Soft lens, pool safe contact lenses are permitted. Mouthpieces are strongly recommended for players with orthodontics in place.

Please list any medical conditions that may affect the participant's safety, health, stamina, or performance while participating in the sport of water polo. Please write N/A if nothing is of concern.

Please list any medical supplies they may need to use before, during or after a game (ex: inhalers, etc.)

Medical Waiver: I, the undersigned hereby certify that I am the parent or legal guardian of the above named participant/athlete. I hereby give my permission for any supervisor associated with the Cambridge Water Polo team, or the in-use Aquatic Center to seek and/or give appropriate medical attention for my child in the event of an injury or illness. I, the undersigned will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I, the undersigned, hereby waive release and forever discharge the Cambridge Water Polo team and associated supervisors from all rights and claims for damages, injury, loss to person or property which may sustain or occur during participation in water polo club activities, whether or not damages or loss is due to negligence. I hereby acknowledge that the participant/athlete named above is (are) physically fit and mentally capable of participation in water polo activities.

Parent Signature: _____ Date: _____