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## Registration Checklist

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### Have you submitted everything we need?

- Completed Registration Form & deposit/full payment cheque
- Copy of Athlete's Proof of Age (*New Athletes Only*)
- Completed Volunteer Commitment Form & post dated volunteer cheque  
(June 9, 2018)
- Signed Web and Media Permission Form
- Completed & Signed Capital Wave Parent Code of Conduct Form

### Have you reviewed all important online documents?

- Required Volunteer Activities and Opportunities Information
- Fee Structure and Payment Information Chart
- Refund Policy
- Player and Parents Guide & FAQ

### Do you have any additional questions about registration?

If so, please contact our Registrar at: [registrar@ottawawaterpolo.com](mailto:registrar@ottawawaterpolo.com)



## Capital Wave Water Polo Registration Form

### Athlete Information

**\*\*BELOW information must pertain to the athlete only – leave blank if non-applicable**

Last Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: M F

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

Postal Code: \_\_\_\_\_ Email Address (athlete): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Program (check the appropriate box)

Splash	I Love Water Polo	Girls – Comp			Boys – Comp			Recreational
Kids 5 - 9	Kids 7 - 14	U14	16U	19U	14U	16U	19U	Non-competitive over 14 & adults

*Coaches will assess all athletes upon season start, so your child may be moved*

### Athlete Medical Information

Health Card Number (optional): \_\_\_\_\_

Does your child have any medical illnesses, behavioural/learning needs that may require special attention, or need a specific coaching technique in order for him/her to be successful? If so, please describe below. Please leave this section blank if this question does not apply.

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### Athlete Proof of Age – For New Athletes Only

In order to register our athletes with Ontario Water Polo, proof of age of our members is required. We accept passports, driver's licenses or birth certificates as proof of age. This only needs to be submitted once. Please include a clear photo copy or scanned copy with registration.



**Payment of Registration Fees**

Please consult the Registration Fees document available online for information, payment instructions, and our refund policy OR contact the club registrar by email at registrar@ottawawaterpolo.com. All deposit/full payment/volunteer cheques (*payable to: Capital Wave Water Polo Club*) must be submitted at the time of registration. Please include the athlete’s full name and polo program on the front of the cheque.

Please record your deposit/full payment & volunteer cheque information in the following table:

Cheque Number	Cheque Date	Amount

All other program payments will be made via e-transfer. Capital Wave will send you an electronic invoice for all future payments. Instructions on how to complete your payments via e-transfer, and payment deadlines can be found on the Registration Fees document online.

**Guardian/Emergency/Volunteer Information**

**\*\*All athletes, including adults, must provide a Primary Contact person in case of emergency\*\***

The following information is collected for Guardian information, Emergency Contact information and for Volunteer information. To meet our Provincial Association requirements, everyone (athletes, parents, family members) who will volunteer for the Capital Wave Water Polo Club in the 2018-2019 season must fill out and sign below:

**Primary Contact/Volunteer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address (if different from athlete): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I will be a volunteer and will be covered by Ontario Water Polo

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: **M F Other**

**Notice of Warning**



There is a potential risk for injury involved in training and participating in the sport of water polo. The Ontario Water Polo Association Incorporated (OWP) and its member clubs have tried to create a safe and controlled environment for



participation. The OWP has established rules for participation and conduct that should be followed. Some hazards which may lead to catastrophic situations are: slips on the pool deck or surrounding area, chlorine leaks, ball injuries and personal body contact injuries.

Initial all boxes.

	I have read and understood the Notice of Warning
	I have read, understood and will abide by OWP Standards of Behaviour
	I have read, understood and will abide by the terms and conditions of the Water Polo Canada Code of Conduct

Signature: \_\_\_\_\_

**Secondary Contact/Volunteer**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address (if different from athlete): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I will be a volunteer and will be covered by Ontario Water Polo

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Gender: M F Other

**Notice of Warning**



There is a potential risk for injury involved in training and participating in the sport of water polo. The Ontario Water Polo Association Incorporated (OWP) and its member clubs have tried to create a safe and controlled environment for participation. The OWP has established rules for participation and conduct that should be followed. Some hazards which may lead to catastrophic situations are: slips on the pool deck or surrounding area, chlorine leaks, ball injuries and personal body contact injuries.

Initial all boxes.

	I have read and understood the Notice of Warning
	I have read, understood and will abide by OWP Standards of Behaviour
	I have read, understood and will abide by the terms and conditions of the Water Polo Canada Code of Conduct

Signature: \_\_\_\_\_



**Other Contacts/Volunteers**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Relationship to Athlete:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Address (if different from athlete):** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

I will be a volunteer and will be covered by Ontario Water Polo

**Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ **Gender: M F Other**

**Notice of Warning**



There is a potential risk for injury involved in training and participating in the sport of water polo. The Ontario Water Polo Association Incorporated (OWP) and its member clubs have tried to create a safe and controlled environment for participation. The OWP has established rules for participation and conduct that should be followed. Some hazards which may lead to catastrophic situations are: slips on the pool deck or surrounding area, chlorine leaks, ball injuries and personal body contact injuries.

Initial all boxes.

	I have read and understood the Notice of Warning
	I have read, understood and will abide by OWP Standards of Behaviour
	I have read, understood and will abide by the terms and conditions of the Water Polo Canada Code of Conduct

**Signature:** \_\_\_\_\_

If other family members need to complete this section, please print another copy of this page and complete.



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## Capital Wave Volunteer Commitment Form

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The Capital Wave Water Polo Club works hard to foster a sense of community spirit within our club. This family-centred spirit is what helps make our club fun while maintaining a competitive nature. **Since we are a non-profit group, we ask our families to volunteer at a minimum number of activities (depending on your child's program) within the club in some capacity.** Ample opportunities are provided and advance notice is given to ensure all families have the ability to complete their volunteer requirements. For families with Competitive Athletes who play in NCL events, family members must help run the NCL games.

To ensure your commitment, all families must submit a post-dated cheque at the time of registration (dated: June 9, 2018). If you have completed the required volunteer activities by June 9, 2018, your check will be returned to you, uncashed. If not, the club will cash the check to support club activities.

Here is a breakdown of the commitment cheque amounts for the various programs:

Volunteer Commitment Cheque			
Splash	I Love Water Polo	Recreational	Competitive
\$50.00	\$75.00	\$125.00	\$300.00

\*\*\*Adult Water Polo players are not required to provide a volunteer cheque, but are encouraged to volunteer within the club.

In some cases, extenuating circumstances prevent families from volunteering and they opt to have the commitment cheque cashed immediately. If you select this option, a Board Member will contact you in person to discuss.

Volunteer Information to review on the web site:

- Required Volunteer Activities and Opportunities Information

**Please select your option:**

- Our family has extenuating circumstances preventing us from volunteering and chooses to have our commitment cheque cashed immediately.
- Our family agrees to volunteer for the club as required during the 2018-2019 season.

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Signature of Parent/Guardian

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Date



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## Website and Media Permission Form

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We enjoy telling the community about the many positive things taking place with our club. However, we want to strike the right balance between getting our message out and respecting the wishes of parents/guardians who do not want their child's name, work or photo displayed on the Internet.

Photos, video footage and names are displayed at the coaches'/ Board of Directors' discretion and are not be used for commercial gain. There are a number of times during the year when athletes can be photographed, interviewed or videotaped (ex. during practices, tournaments, special events).

**By signing this page, I consent to the following (*please check all applicable boxes*):**

- My child's work, name, photo, or video may be used on the club web site.
- My child's photographs may be included in any promotional publications that the club produces.
- My child's image, or video may be used on the web site, or in promotions but his/her name must be excluded.
- My child's image or video may be used on the web site, or in promotions but he/she must be in a group photo only without the use of names.
- My child's image or video may not be used in any capacity.
- I will permit my child's image or video to be used under the following conditions only:

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The personal information on this form is gathered under the authority of the Personal Health Information Protection Act. Questions regarding this collection should be directed to the Capital Wave Board of Directors.

Athletes Name:

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(please print)

Parent/Guardian:

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(please print)

Parent/Guardian Signature:

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Date:

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## Capital Wave Parent Code of Conduct

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**As parent(s) with the Capital Wave Water Polo Club, I (we) will adhere to the following code of conduct:**

- I will support my child in the decision to play water polo.
- I will do my best to ensure my child is on deck at least 15 minutes before each practice and at the requested time for dryland and tournament games.
- If my child is unable to attend practice at a scheduled time, I will do my best to inform the coaches ahead of time.
- I will encourage my child to do their best, have fun, and demonstrate good sportsmanship
- I will help my child to understand the rules of game play, and to understand that game play is not about winning or losing.
- I will demonstrate a positive attitude at all practices, tournaments, community events and in communications, whether in person, by telephone, email or through the use of social media, that will help lead to the growth and success of the athletes, teams and the club
- I will support the expertise of the coaches.
- I will respect the rights of officials, coaches, players, spectators, volunteers, and other parents.
- If I have any concerns or worries about my athlete, I will bring them forward to the coach(es)
- I will observe a 24 hour cooling off period before I discuss any issues with a coach, Team Manager or other club official.
- If I have any concerns or worries about the coaches, other athletes or parents that I feel cannot be resolved in a constructive manner without Board intervention, I will bring them forward to the Board President or designated representative.
- I will adhere to the Capital Wave policies, by laws and constitution.

**Failure to abide by the code of conduct may result in:**

- A warning given to the parent by the coach.
- A meeting between the parent, coach and at least one member of the Board of Directors.
- Suspension from attending club activities including practices and tournaments until the issue is satisfactorily resolved.

**The above steps will be carried out with discretion of the Head Coach and the Board of Directors.**

**Name of Athlete:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature/ Parent:** \_\_\_\_\_ **Signature/ Parent:** \_\_\_\_\_