



Bring a Friend Day

PERSONAL INFORMATION

Name _____
Address _____
Street _____ City _____ Postal Code _____
Home # _____ Business # _____ Cell # _____
E-Mail Address _____ Age _____ Birthday _____

MEDICAL HISTORY

Name of person to contact in an emergency _____
Person's Phone # _____ Person's Cell # _____
Asthma - Please Describe:

Tendonitis or other chronic conditions - Please Describe Condition & Treatments:

PLEASE NOTE: ALL Information is confidential.

We _____ & _____ give permission

for our son / daughter _____ to participate with the Neptunes Water Polo Club "Bring a Friend Day".

Signed: _____ Date _____
Mother/Guardian

And/or

Father/Guardian Date