

USA Water Polo

2016 New Club Application

To search for current clubs, please visit: <https://webpoint.usawaterpolo.com/website/search/SrchClubs.wp>

Club Name: _____

*All club applications will be reviewed.
Duplicate or similar club names will not be processed at discretion of USAWP.*

Club Primary Contact: _____ Member ID #: _____

(To register a new club the Primary Contact must be a current USAWP member. This member will be the primary decision-maker. Any club changes must be requested by currently listed primary contact. All mailings will be sent to this contact and all club contact information will be posted to the public.)*

Club Address: _____

City: _____ State: _____ Zip: _____

Club Email: _____

Club Phone #: _____ Club Fax #: _____

Website URL: http:// _____

Club Head Coach: _____ Member ID #: _____

(The designated coach must be a member of USAWP and either CPR & First Aid certified or in the process of being certified. A background screening will be required through USAWP. The coach listed may also be the Primary Contact)

Club Age Groups: Master's 21&U 18&U 14&U Open Splashball

(Check all that apply. Can be updated at a later date.)

OPTIONAL: Additional Club Administrators:

*(Please list any other USAWP members that you would like to grant administrative access to your club. Some privileges include creating and submitting rosters, submitting event sanctions, renewing your club, editing club info, and managing club athletes. The Primary Contact is responsible for adding and removing administrator access.)***

Member: _____ Member ID #: _____

Member: _____ Member ID #: _____

Additional? _____

**If the club primary contact does not have a current membership, please include a membership application with this form. The processing fee will be waived if submitted at the same time.*

***USAWP offers a Club Administrator membership specifically used for club management for those who are not already athletes or coaches.(Ex: Board members, parent volunteers, etc.)*

Practice Pool Information

(It is your responsibility to set up a pool and pool times prior to club registration.)

Primary Pool: _____

(Required)

Pool Address: _____

City: _____ State: _____ Zip: _____

Additional Pools

(If applicable)

Pool Site #1: _____

Pool Address: _____

City: _____ State: _____ Zip: _____

Pool Site #2: _____

Pool Address: _____

City: _____ State: _____ Zip: _____

Pool Site #3: _____

Pool Address: _____

City: _____ State: _____ Zip: _____

If a Certificate of Insurance is required by pool venue(s), please fill out the information below. Please allow 7 days to process the certificate.

Send Certificate By: E-mail Mail Fax

(Circle one)

Send Certificate To: _____

Additional Insured Information:

Special Instructions:

Club Membership Terms & Conditions

The club must agree to comply with the following conditions as part of this sanction:

- *Club name must not be confusingly similar, as determined by USA Water Polo, Inc., (USAWP) to the name of another USAWP water polo club, unless approved by USA Water Polo National Office.*
- *The primary club contact will be the primary decision-maker for all club communication. Any club changes must be requested by currently listed primary contact. All mailings will be sent to this contact and contact information will be posted to the public.*
- *Each organized practice must be supervised by a USAWP certified coach with a current USAWP coach membership. Certifications include current First Aid, CPR, and approved USAWP background screening.*
- *All participating coaches and athletes of the club must be currently registered and in good-standing with USAWP.*
- *The club primary contact agrees to receive all important club information from the USAWP National Office, despite communication settings. It is the club primary contact's responsibility to pass all pertinent information along to the club members.*
- *Practice insurance sanctions must be requested online through the club admin account. This insurance sanction will be issued to the current club for the specific purpose of practice and scrimmages of two teams or less. (Event sanctions for three or more teams must be submitted separately)*
- *USAWP has the right to check membership registrations and may remove this sanction if violations are found.*

Club Primary Contact: _____

Signature: _____ Date: _____

Application Fee

*All club memberships are based on a calendar year and end on December 31st.
All sales are final, no refunds will be issued.*

Club Registration Fee: \$245

Check payable to USA Water Polo (\$15 returned check fee)

VISA MASTERCARD AMEX

Card#: _____

Exp: _____ Security #: _____

Name on Card: _____

Signature: _____