

Grand Haven Middle School Water Polo



Athlete's Name: _____

Athlete's Phone Number: _____

Parent/Guardian Name(s): _____

Parent Email Addresses: _____

Parent/Guardian Number(s): _____

Athlete's School and Grade: _____

Age: _____

Birthday: _____

Years of Polo Experience: _____ Primary Hand: _____

Medical and or Other concerns coaches should be aware of:
