

American Water Polo Individual Membership Form

This form is used by coaches, referees, athletes, families, and parents.
Coaches registering their clubs must use the [Club Registration Form](#)

First Name		Last Name	
Street			
City	State	Zip	
Email			
Primary Ph		Home Work Cell (circle one)	
Secondary Phone		Home Work Cell (circle one)	
Date of Birth			
Membership Type (check all that apply)			
\$40	Senior Athlete (23 or older)	\$25	Scholastic Athlete (22 or younger)
Free	Coach or Referee	\$20	Limited*
\$35	Contributor/Parent	\$75	Family Plan
*The Limited Membership is available to athletes currently registered with USWP. Individuals must show proof of membership with their application. This membership does not provide any benefits other than insurance coverage for the competitive events.			
If choosing Family Plan, list the names of the additional immediate family members			
Name	Date of Birth	Shirt Size	
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Shirt Size (Please circle one)			
Adult XXL		Adult Sm/Yth Lg	
Adult XL		Yth M	
Adult Large		Yth Sm	
Adult Med/Yth XL			
Club Name		If not affiliated with a club, check the box to the right	
Coaches registering ten or more athletes will be eligible to receive an annual reward. For example, AWP would provide rewards for two coaches in a club with 20 athletes.			
Total Amount Enclosed	\$		
Checks should be made payable to American Water Polo and sent to:			
AWP, 320 West 5th Street, Bridgeport, PA 19405			