

# BURNABY WATER POLO CLUB

August 1, 2009

Dear Water Polo Family:

It's time for another fun fall season of water polo! Practice time for your team will be on Saturday between 4:00 pm and 7:00 pm starting **September 12, 2009**, with the exact time of your session to be announced shortly after the first practice at **Bonsor Pool**.

<u><i>Practice time for the first two weeks:</i></u>	<u><i>Saturday</i></u>	<u><i>Sunday</i></u>
<i>...born 1996 or after</i>	<i>4:00-5:30 pm</i>	<i>8:00-9:00 am</i>
<i>...born 1992 - 1995</i>	<i>5:30-7:00 pm</i>	<i>9:00-10:00 am</i>

Registration will be on	Saturday September 12 <sup>th</sup>	3:30 - 6:00 pm
	Sunday September 13 <sup>th</sup>	7:45 - 10:00 am

**Fees** for the season are as follows:

	For Returning Players (before August 31 <sup>st</sup> )	Regular (after August 31 <sup>st</sup> )	New Players
Development	\$75	\$75	\$75
One Child	\$160	\$180	\$130
Two Children	\$250	\$290	\$190
Family of three or more	\$315	\$375	\$225

Attached, please find a registration form. Please make cheque payable to **Burnaby Water Polo** and mail registration form and cheque by **August 31<sup>st</sup>, 2009 (based on postmark)** to receive your early bird discount.

Mailing address for registration is:

Burnaby Water Polo Club  
PO BOX 50039  
South Slope RPR  
Burnaby, BC V5J 5G3

For more information you can contact our club registrar

Phone 778-989-1676

or

[register@burnabywaterpolo.com](mailto:register@burnabywaterpolo.com)

<b>Mark your calendars:</b>	PUB NIGHT	October 17, 2009 (Firefighter's Club)
	AGM	November 7, 2009 @ 5 pm

# BURNABY WATER POLO CLUB (FALL 2009)

Development 2001 and younger	Atoms 1998-2000	Bantams 1996-1997	Cadets 1994-1995	Juvies 1992-1993
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Name of player	
Date of birth (dd/mon/yyyy)	
Personal Health Number (Care Card)	
Any Medical Conditions	
Address	
Phone number	
Alternate number	
Email address	
Parents names	

**\*\*\*all information must be completed**

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. BY YOUR SIGNATURE, YOU ACKNOWLEDGE THE INVOLVEMENT OF YOUR CHILD IN THIS AQUATIC ACTIVITY.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

**Parent volunteer help is needed and parents will be asked to help with recording & timing, pool setup and phoning.**

\*\*\*\*\*THIS SECTION FOR OFFICIAL USE ONLY\*\*\*\*\*

Amount paid: \_\_\_\_\_ by cheque \_\_\_\_\_ cash \_\_\_\_\_

Authorized Club Signature \_\_\_\_\_