



# WATER POLO CLINIC APPLICATION

Name \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Shirt Size \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number of Emergency Contact \_\_\_\_\_

***Please include payment and signed waiver with application.***

Checks can be made payable to Kelly Fehr.

Completed applications can be mailed to:

**Fehr  
5309 Jason Drive  
Erie, PA 16506**