



NAME OF EVENT: _____

TYPE OF EVENT (check one): League Clinic Tournament Camp Exhibition

DATE(S) OF EVENT: _____

SPONSORING CLUB: _____ CLUB NUMBER: _____ ZONE NAME: _____

EVENT SITE: _____

EVENT ADDRESS: _____

EVENT CITY: _____ STATE: _____ ZIP CODE: _____

ALTERNATE SITE: _____

ALT SITE ADDRESS: _____

ALT SITE CITY: _____ STATE: _____ ZIP CODE: _____

Please
Print
Clearly

TERMS AND CONDITIONS

I HAVE READ AND WILL COMPLY WITH ALL OF THE RULE AND REGULATIONS GOVERNING SANCTIONED EVENTS, SPECIFICALLY:

- All US clubs, athletes, coaches, and official participating must be currently registered with USA Water Polo.
- All non-US clubs, athletes, coaches, and officials participating must be similarly recognized by a FINA organization and have a letter on file with USWP from their home federation indicating permission to participate in USWP events.
- All competitions must be played under official USWP rules.
- Any use of a USWP logo, emblem, or symbol must comply with the applicable USWP rules and regulations.
- USWP is assigned and is the sole owner of all right, title, and interest to all television, radio, internet, and other media broadcast rights.

I recognize that should a non-registered athlete or coach participate, my insurance coverage through USA Water Polo may be declared invalid. I further realize that USA Water Polo may confirm registration of all participants and may retroactively remove this event sanction should any violations be found. I agree to hold USA Water Polo harmless should this event sanction be removed since I recognize that it is my responsibility to determine that all participants are appropriately registered.

USA WATER POLO WILL PROVIDE THE FOLLOWING TO A PROPERLY SANCTIONED EVENT:

- \$10,000,000 general aggregate per event liability coverage.
- \$25,000 secondary sports accident medical insurance for all currently registered USWP members.

UNDER THE CONDITIONS OF THIS SANCTION THE SPONSORING CLUB WILL PROVIDE USA WATER POLO WITH THE FOLLOWING:

- Online-verified rosters to the USWP National Office two weeks prior to the first day of the sanctioned event.
- Event application form to the USWP National Office to have on file to aid with fielding calls and email questions about the sanctioned event.
- All membership registrations collected at the sanctioned event mailed to the National Office no later than 5 days after the event's conclusion
- For National Events, brackets or pairings to the USWP National Office after completion of the draw.
- Results (for National Events, daily) mailed or emailed to the USWP National Office no later than 5 days after the event's conclusion.

APPLICANT'S SIGNATURE _____ **DATE:** _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____ EMAIL _____

APPLICANT'S CITY: _____ STATE: _____ ZIP CODE: _____

CERTIFICATE OF INSURANCE (CHECK ONE): Needed Not Needed

SEND CERTIFICATE TO (IF NOT APPLICANT): _____

Or fax to () _____ Attention: _____

Additional Insured

Name _____	Address _____	Relationship (sponsor, landowner, school district, etc.) _____
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ZONE CHAIR APPROVAL:

_____ DATE _____

PAYMENT METHOD

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

Visa MasterCard

Card No. _____ Exp. _____

Signature _____

NATIONAL OFFICE MUST RECEIVE APPLICATION WITH PAYMENT IN FULL AND ZONE CHAIR APPROVAL AT LEAST 45 DAYS BEFORE FIRST DAY OF EVENT