



Mad Dog Water Polo – Player Information Form

*Please call the Coach Emde with questions
(This form should be completed and returned to Coach Emde)*

Player Name

Last First

Birth Date ____/____/____ Grade _____

Parents' Name

Mother's Name

Father's Name

e-mail address _____

Address: _____

Phone Number: () _____ - _____

Work Phone () _____ - _____

Cell Phone () _____ - _____

e-mail _____

alternate e-mail _____

High School _____ Fr So Jr Sr
(Circle One)

Number of years playing water polo? _____

Number of years swimming? _____

Primary Position: Driver 2 meter 2 md Utility Goalie
(Circle one)

Right or left handed? _____

*Please mail this form or bring to the first practice to sign up. US Water Polo registration must also be completed.
Other forms are required.*

MAIL TO (With Check made payable to MDWP & Waiver):

Gregg Emde (MDWP)

635 Spring Meadows Drive

Ballwin, MO 63011