



## Mad Dog Water Polo – Player Information Form

*Please call the Rockwood Swim Club office to register On-Line 636-230-3636  
(This form should be completed and returned to Coach Emde)*

Player Name

\_\_\_\_\_

Last

First

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Parents' 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 may be required.*

**MAIL TO (With Check & Waiver):  
Gregg Emde (MDWP)  
635 Spring Meadows Drive  
Ballwin, MO 63011**