



## **Under 18 Participation Authorisation Form**

Name of Water Polo participant:

Address:

DOB:

I agree to the above to participate in the Lyme Splash Water Polo Sea Championship. I accept it will be at the players own risk and accept the terms and conditions as shown on the Lyme Splash website.

Signed:

Print Name:

Relationship to Participating Swimmer:

Email Address:

Contact number:

### **When completed please:**

Email to: [info@lyme-splash.com](mailto:info@lyme-splash.com)

Or

Post to: Lyme Splash, Shutters, Clappentail Lane, DT7 3LZ