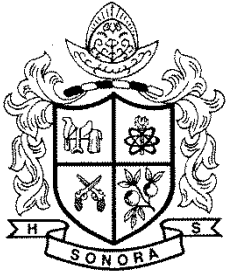


S o n o r a A q u a t i c s

Water Polo



Information Form

Player's Name: _____ Grade: _____

Player's e-mail: _____

Parents' Names: _____

Address: _____

Phone Number: _____ Cell Number: _____

Parent e-mail: _____

Parent e-mail: _____

Any medical issues or allergies we need to be aware of:
