

CWPA Collegiate Club Equipment Release Form

Scan and email to office@collegiatewaterpolo.org
or fax to 610-277-7382 at least 48 hours before competition

Date: _____

We, the undersigned, do acknowledge that:

_____ of the Collegiate Water Polo Association
Name of Player Institution

intends to play and practice water polo wearing...

_____ a clear plastic sports face mask closely adhering to the upper face (nose, cheek, forehead) or a similar nose guard to prevent further injury from a fracture

_____ prescribed clear protective sports eyewear of the type designed to withstand impact and decrease the likelihood of injury to the eye

_____ other similar device (provide description): _____

The National Collegiate Athletic Association, the Collegiate Water Polo Association (CWPA), and the referees have informed the athlete, parents, and the university sports medicine staff of NCAA Water Polo Rule 2-4.4 which states that a player shall remove any article likely to cause injury, including, but not limited to, the following: jewelry, watches, swim goggles and sharp fingernails or toenails. The referees shall order the removal of any item they consider likely to cause injury, either to the player wearing the item or to the opposing players in the game. Rules 2-4.5 further clarifies a player will be permitted to wear prescription goggle of the type designed specifically for contact sports to withstand impact and to decrease the likelihood of injury to the eye, a protective plastic face mask prescribed by a physician that closely adheres to the upper face, a plastic protective nose guard and other similar protective devices designed to prevent injury prescribed by a physician if the institution has written approval from the CWPA Commissioner or Assistant Commissioner. We the undersigned do acknowledge the possible risks associated with wearing this article and understand that it could possibly cause further injury to the athlete or to an opposing player. We release the National Collegiate Athletic Association, the conference and its officials (referees) from any liability in connection with the use of this article and we do assume any liability arising from the use of this article.

_____ Signature of Athlete	_____ Date	_____ Signature of Parent if athlete minor
_____ Print Name of Athlete	_____ Date	_____ Print Name of Parent

Trainer/physician reviewing the device to ensure it is not likely to cause injury:		
_____ Signature	() _____ Fax No.	_____ Email
_____ Print name	_____ Title	_____ Date

Conference Office Fax No. 610-277-7382 Email: office@collegiatewaterpolo.org	
Approval: _____ Commissioner/Asst. Commissioner	_____ Date
Athlete must be prepared to show this form to referees before each game.	