HKGSA Water Polo Master Entry Form												
											Page	of
Name of Meet:		WINTER DEEP WATER POLO CHAMPIONSHIPS 2024				Te	eam Name:					
Date of M	leet:	3rd March 2024				Su	bmitted by:					
Category:		U18 Mixed				Te	el No:					
Cap No.	Reg.	No.	Family Name	Given Name	Gender (M	/F)	DOB (MM/YY)	Age	*Position	**Handedness	Captain (√)	#Declaration (
1		·										

Cap No.	Reg. No.	Family Name	Given Name	Gender (M/F)	DOB (MM/YY)	Age	*Position	**Handedness	Captain (√)	#Declaration (√)
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13										
Reserved										
Reserved										

#I hereby confirm that I am physically fit without any physical defect, and suitable to participate in the above activity. Organizer shall not be liable for any injury that may suffer in this activity.

Total no. of entries								
	1		*Position		**Handedness	**Handedness		
			CF: Center Forward	D: Driver	L: Left	-		
			CB: Center Back	GK: Goalkeeper	R: Right			
				ficial Use Only:				
			Accepted by:					
			Date:					
			Receipt No:					
Authorize Signature	Authorize	e Chop						