



European Water Polo Club | USA Water Polo Club # 1680
PO BOX 1364, Los Gatos, CA 95031 | 310 883 5007 | www.europeanwaterpoloclub.com

2014 FALL WATER POLO PROGRAM REGISTRATION

AGES: Boys & Girls Ages 6 -18
DATES: Nov 3, 2014 - Dec 21, 2014 and Jan 5, 2015 - Jan 25, 2015
LOCATION: Los Gatos High School, 20 High School Ct., Los Gatos, CA
DUE DATE: October 25, 2014

ALL ATHLETES must be current members of The USA Water Polo www.usawaterpolo.org

CLASS	LEVEL	DAYS, TIMES	FEES
Age Group 1	< 8th grade w/ability to play at advanced level	T, TH, F: 3:30pm-5:00pm S*: 11:00am-1:00pm	\$675+\$25 (equipment fee)
Age Group 2	< 8th grade looking to develop better skills	T, TH, F: 3:30pm-5:00pm S*: 11:00am-1:00pm	\$675+\$25 (equipment fee)
Age Group 3	< 10 yrs new/little experience in water polo	M, W: 3:00pm-4:30pm	\$315+\$15 (equipment fee)
High School 1	<18 yrs any level	T, TH: 2:45pm-5pm F**: 2:15pm-4:30pm S*: 11:00am-1:00pm	\$675+\$25 (equipment fee)
High School 2	<16 yrs old, any level	M, F: 6:45pm-9pm W**: 2:15pm-4:30pm S*: 9:30am-11:00am	\$675+\$25 (equipment fee)

* No Sunday practices during Pacific Zone Fall League games on weekends.

** Practice time is subject to change.

Please print, fill out, sign and mail Program Registration & Payment by 10/25/14 to:

European Water Polo Club
PO BOX 1364, Los Gatos, CA 95031

You will receive a confirmation of your registration via email and phone. See check-list.

Please always feel free contact us with any questions!

Tel: 310 883 5007 (Head Coach Sasha)

GENERAL GUIDANCE & POLICIES

EQUIPMENT FEES

The equipment fee will go toward the purchase of the balls, hats, goals, shot clocks and game clocks, etc. that our athletes use each session.

SIBLING DISCOUNT

We offer \$25 off regular registration fee to additional siblings.

2 WEEK TRIALS FOR FIRST - TIME ATHLETES

If you are new to the sport of water polo, you may use the USA Water Polo Trial Membership. This is a one-time, 14-day membership for the first - time athletes only, that will activate the day the application is signed. If you plan to use this membership, be sure to date the application with the date of the first day of the session, make a copy to submit with this registration, and fax the original to USA Water Polo. If you plan to stay, and complete 2014 Fall Program with The European Water Polo Club, you will need to register in advance for a proper membership with The USA Water Polo before the end of your trial period.

WITHDRAWALS & REFUND/CREDIT POLICY

To withdraw, The European Water Polo Club must be notified via e-mail: info@europeanwaterpoloclub.com and a phone call 310 883 5007. All refunds will be pro-rated as of the week following the request, minus a \$50.00 administrative fee. There are no refunds, credits, or make ups for missed classes due to severe weather conditions, lightning or any other reason out of The European Water Polo Club's control. No refunds will be issued for cancellations during the final four weeks of the season. A fee of \$35.00 will be assessed for returned checks.

GROUP ASSIGNMENTS

All athletes (boys and girls) will be assigned by the Coaching Staff to one of the groups based on age, ability level, and experience. Water polo ages are based on the year an athlete was born. Note: The Coaching Staff may assign an athlete to a group that does not correspond to age, but rather the ability level and experience. The Coaches typically will check the group choice at the time of the registration and confirm the assignment of each athlete to a group prior to the start of the session. There may be some changes in group assignments during the first few practices as the coaches assess each athlete's skill and ability level.

BECOMING A MEMBER OF THE CLUB AND COMPETING

European Water Polo Club always welcomes new members who would like to compete at various tournaments (example: qualifying teams may elect to participate in Junior Olympics). Additional information will be provided by Coaching and Administration prior to the events.

CHECK LIST

- ☐ Fall Program Registration Form (Program Selection, Athlete and Guardian Information) - p.3
- ☐ Medical and Emergency Information Form - p.4
- ☐ Waiver and Release of All Liability - p.5
- ☐ USA Water Polo Proof of Registration - obtain copy from USA Water Polo

2014 FALL WATER POLO PROGRAM REGISTRATION FORM

GROUP SELECTION

☐ Age Group 1 ☐ Age Group 2 ☐ Age Group 3 ☐ High School 1 ☐ High School 2

ATHLETE INFORMATION

USA Water Polo Member ID: _____ Type: ☐ Gold ☐ Silver ☐ College/Young ☐ Trial

First Name (legal): _____ M.I.: _____ Last Name: _____

Preferred Name: _____ (if same as first name; please leave blank)

Date of Birth (mm/dd/yyyy): _____/_____/_____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Primary Phone #: (_____) _____ Cell Phone #: (_____) _____

School: _____ Grade: _____ Gender: ☐ Boy ☐ Girl

Father/Guardian Name (if applicable) _____

Mother/Guardian Name (if applicable): _____

PAYMENT INFORMATION

☐ Program Total Included _\$ _____ ☐ I am a sibling (\$25 off for additional siblings)

☐ Donation Total Included _\$ _____

All donations are completely voluntary and will be used for club's gear & uniform. Thank you for your support!

Total Amount of Payment Included: _\$ _____

Please make checks payable to European Water Polo Club.

EUROPEAN WATER POLO CLUB MEDICAL EMERGENCY INFORMATION

Medical emergency information is required. Please do not leave any spaces blank. If the Participant does not have insurance or a primary care physician/health care provider, please write "None."

Swimmer's First Name (legal): _____ M.I.: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Father/Guardian Name (if applicable) _____

Primary Phone #: (_____) _____ Cell Phone #: (_____) _____

If I cannot be reached, please call:

Mother/Guardian Name (if applicable): _____

Primary Phone #: (_____) _____ Cell Phone #: (_____) _____

If I cannot be reached, please call:

Insurance Carrier: _____

Patient ID No.: _____ Group ID No.: _____

Primary Care Physician: _____ Primary Phone #: (_____) _____

Organization: _____

Is there any additional emergency information you would like us to have? [For example: specify insect, animal or food allergies; etc.]:

In an emergency, I consent to having the EUROPEAN WATER POLO CLUB organization provide immediate care to Participant [student or adult swimmer] and/or contact emergency personnel (911) to provide emergency treatment and/or transport to the nearest emergency facility. By my signature, I authorize any medical provider to give all necessary medical care to Participant [student or adult swimmer]. I agree to assume full responsibility for the costs of any treatment provided.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date (mm/dd/yyyy): ____/____/____

EUROPEAN WATER POLO CLUB WAIVER AND RELEASE OF ALL LIABILITY

I, _____, on behalf on my child, _____, have voluntarily requested to participate in the EUROPEAN WATER POLO CLUB ("EUROPEAN WATER POLO CLUB") swim lessons and/or swim team and/or water polo seasonal program (hereinafter, "the Activity"). I am aware that attendance or participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that attendance or participation in the Activity could result in personal injuries, including death, and property loss or damage. I voluntarily accept and assume all risk from attending or participating in the activity. In consideration of being permitted to participate in the Activity, I agree, on behalf of myself, my spouse, dependents, heirs, personal representatives, and assignees, to hold EUROPEAN WATER POLO CLUB and its employees, officers, directors, shareholders, insurers, agents, contractors, and servants, members and board members (collectively referred to as the "Released Parties") harmless from any and all liability, actions, claims and demands of every kind and nature that may arise out of the Activity to the maximum extent permitted by law. Therefore, I am agreeing not to sue the Released Parties for any personal injury or property damage, even if Released Parties' negligence contributed to the injury or damage, resulting from my child's and/or my attendance or participation in the Activity. I agree to release EUROPEAN WATER POLO CLUB from all claims, whether known or unknown. Therefore, I specifically waive Section 1542 of the California Civil Code, which reads as follows: A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor. The provisions of this waiver form are severable and if any one or more provisions are determined to be unenforceable, in whole or in part, the remaining provisions and partially enforceable provisions shall be binding and enforceable.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT RELEASES EUROPEAN WATER POLO CLUB AND OTHERS FROM ALL LIABILITY RELATED TO MY AND MY CHILD'S ATTENDANCE AND PARTICIPATION IN SWIM LESSONS AND/OR SWIM TEAM AND/OR WATER POLO SEASONAL PROGRAMS.

Printed Name of Participant/Child: _____

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date (mm/dd/yyyy): ____/____/____

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