

# Water Polo

**When:** Sunday December 30<sup>th</sup>, 4-6 pm

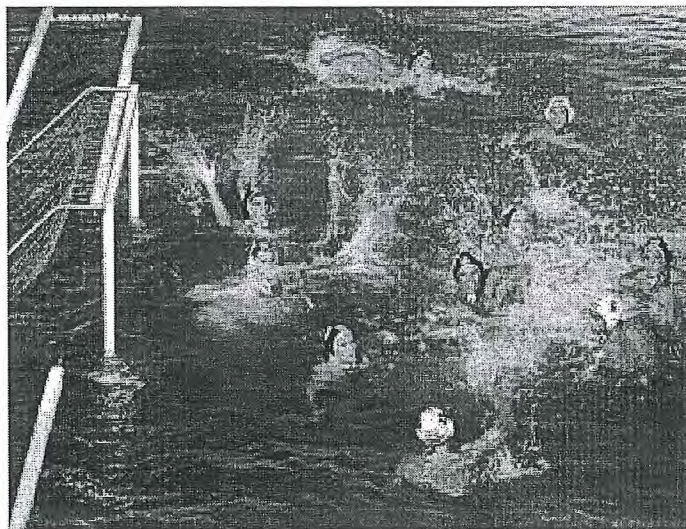
**Where:** PWCS Aquatic Center (next door to Colgan)

**Cost:** \$5.00

**Requirements:** 13+ years of age and must have at least summer swim team competitive experience. Must bring signed waiver (on back).

The Lakeridge Lancer Swim Team will host a learn-to-play water polo clinic, followed by a chance to scrimmage with your friends and teammates! Come join us for a fun and exciting chance to put your swimming skills to work!

Water polo is a team sport, which can be described as a combination of swimming, soccer, basketball, and wrestling. The goal of the game is to score as many goals as possible.



A perfect water polo athlete can be best described as having the accuracy of a baseball pitcher, the leaping ability of a volleyball player, the toughness of a football player, the endurance of a cross-country runner, and the strategy of a chess master.

## Lancer Sponsored Programs Waiver Form

### Participant Information:

First \_\_\_\_\_ Last \_\_\_\_\_ MI \_\_\_\_\_ DOB: \_\_\_\_\_

Middle or High School: \_\_\_\_\_ Grade: Rising \_\_\_\_\_ Grader \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any medical concerns we need to know about in case of emergency:  Yes  No

If yes, please explain: \_\_\_\_\_

**Medical Release Waiver:** I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach, or other administrator associated with the **Lake Ridge Community Swim Club** (hereby referred to as **Lake Ridge Swim Club**), **Lake Ridge Swim Team**, or **Lake Ridge Water Polo** to seek and give appropriate medical attention for our child(ren) in the event of accident, injury, and illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **Lake Ridge Swim Club, Lake Ridge Swim Team, or Lake Ridge Water Polo** and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during participation in **Lake Ridge Swim Team** activities, whether or not damages or loss is due to negligence. I hereby acknowledge that myself, my child(ren), and/or my family members is/are physically fit and capable of participation in all swim activities.

**Liability Waiver:** By registering my child(ren) with the **Lake Ridge Swim Team** I agree to allow my child(ren) to participate with the **Lake Ridge Swim Team**, and hereby release **Lake Ridge Swim Club, Lake Ridge Swim Team, or Lake Ridge Water Polo**, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **Lake Ridge Swim Team** program(s), including travel to and from training sessions, swim meets, or other scheduled program activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren), and family members, or damage to my property, the property to my child(ren) or the property of family members, while I, my child(ren), and/or family members participate in **Lake Ridge Swim Team** activities.

**Photography Waiver:** I hereby grant permission to the **Lake Ridge Swim Club and associated programs**, and their officers, trustees, employees, agents, students, representatives, successors, licensees and assigns (hereinafter "**LRSC & Associates**") to photograph my image, likeness, or depiction and/or that of my minor children (if applicable). I hereby grant permission to **LRSC & Associates** to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor children to be used by **LRSC & Associates** to include, but not limited to, the support of educational and advertisement purposes, and in any medium, including print and electronic. I understand that **LRSC & Associates** may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for **LRSC & Associates** use or publication of photographs of me and/or those of my minor children (if applicable).

I agree to abide by the Lake Ridge Swim Club (LRSC) Facility Rules & Regulations\* while on LRSC property, or participation off-site in any Lake Ridge Swim Team program events. Additionally, I certify I will hold any guests I invite to the quality of behavior mentioned within the document. I understand that violation of any of these rules & regulations are subject to the consequences identified in the 2015 Lake Ridge Swim Team Bylaws\*\*.

*\*2016 LRSC Facility Rules & Regulations will be available once approved by the Lake Ridge Swim Club Board of Directors, prior to the start of the season. Once the document has been approved, it will be sent via e-mail to all registrants and made available to all prospective registrants through the Lake Ridge Swim Club website. \*\*2016 Lake Ridge Swim Team Bylaws will be available once approved by the Lake Ridge Swim Team Board of Directors, prior to the start of the season. Once the document has been approved, it will be made available to all registrants and prospective registrants through the Lake Ridge Swim Team website.*

I certify that I have read this form and my application in its entirety and the information herein provided is true, accurate, and complete. I understand that, should any information I have included be false, or misleading, it may result in forfeiture of fees and expulsion from the Lake Ridge Swim Team.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_