



**Ever thought about playing water polo?
Ever wondered what water polo is?**

JOIN US AND FIND OUT MORE ABOUT THIS GREAT SPORT!!

When: **June 16, 2010 1:00-3:00 pm**
 June 22, 2010 1:00-3:00 pm
 June 24, 2010 5:00-7:00 pm

Where: Woodland Hills High School Pool

These clinics are free and open to all Woodland Hills students in grades 7-12 who have the following water skills:

- Must be able to swim 50 yards (two pool lengths) without resting
- Must be able to hold breath under water for several seconds
- Must be able to tread water for at least 30 seconds
- Must be comfortable in water that is over swimmer's head

**For information contact John Danchisko at dancjo@whsd.net.
For information and registration materials contact Victoria Zido at
tori@whatswimming.org.**

Woodland Hills Summer 2010 Water Polo Clinic Registration

Family Name: _____ Parents' Names: _____

Address: _____ email: _____

Phone (home): _____ (cell): _____ (work): _____

Names: _____ Date of Birth: _____ Grade as of 9/1/10 _____

What school does your child attend? _____

All participants must

- **Be entering grades 7-12 in September 2010**
- **Must be able to swim two lengths of the pool without rest**
- **Must be able to hold breath under water for several seconds**
- **Must be able to tread water for a minimum of 30 seconds**
- **Must be comfortable in water over swimmer's head**

Medical Information

Name (s): _____ Please list all illnesses, allergies, handicaps _____

Physician: _____ Phone: _____

I/We authorize any representative of the Woodland Hills School District to render assistance and/or emergency (first aid) medical treatment to said minor children if, in the judgment of said representative, such treatment is required, and do further authorize and permit representatives of the Woodland Hills School District to procure medical treatment and care if circumstances warrant. I/We also agree to pay all costs associated with any such medical treatment or transportation for the benefit of the participant.

Signature of parent or guardian: _____ Date: _____

Parent or Guardian home phone: _____ cell: _____

In case of an emergency and I cannot be reached please contact:

Name: _____ Phone: _____

Woodland Hills Summer 2010 Water Polo Clinic
Waiver and Release of Liability

In consideration of the acceptance of the above-mentioned child/children as participants in the Woodland Hills Summer 2010 Water Polo Clinic (the "clinic") I/We, the undersigned parent or guardian, hereby authorize such participation with full recognition and acknowledgement that there are risks inherent in the sport of water polo, including but not limited to paralyzing injuries and death.

I/We do hereby assume and accept the risks associated with participating in the Clinic and I/We agree to release, acquit, absolve, forever discharge and hold harmless the Woodland Hills School District and their respective coaches, officers, directors, agents, servants, employees, representatives and volunteers of any of these entities and their heirs and assigns (collectively, the "Indemnified Parties"). I/We further waive, release and discharge any and all claims we have or which may accrue to us against the Indemnified Parties resulting from or in any way related to the Clinic. I/We further agree to indemnify these entities and hold them harmless from any claims arising out of any actions attributable to us. I/We further agree and covenant with the Indemnified Parties that I/We will never sue or bring any legal proceedings against said Indemnified Parties for or on account of injury, damage or loss that I/We may sustain by virtue of or arising out of said minor child's/children's participation in said Clinic. I/We understand that this document may be pleaded as a complete defense to any action or claim so brought, reserving unto we/us only the right to proceed against any other parties involved in said action or claims.

I/We also agree to assist in the compliance with and enforcement of all district safety rules during all clinic activities whether on school properties.

Signature of parent or guardian: _____ Date: _____
Relationship to camper: Mother/Father/Legal Guardian (circle one)

Signature of parent or guardian: _____ Date: _____
Relationship to camper: Mother/Father/Legal guardian (circle one)

Participants will be registered on a first come first served basis. All forms should be mailed to Victoria Zido, 185 Penhurst Drive, Pittsburgh, PA 15235. Questions??? Email Victoria at tori@whatswimming.org.