

SRV MEN'S WATER POLO SUMMER CLINICS 2023



**FOR: Experienced boy water polo players
7th - 12th Graders**

**DATES: 6/13, 6/15, 6/20, 7/6, 7/11, 7/13,
7/25, 7/27 (Tuesdays & Thursdays)**

TIMES: 6:15 - 8:30 pm

LOCATION: San Ramon Valley HS Pool

SRV MEN'S WATER WATER POLO PROGRAM FOR SUMMER CLINICS

Each day of clinics Coaches will administer a "Master Class" on a specific aspect of the game listed below:

1. Attacking & Driving
2. Shooting
3. 2M Offense and Defense
4. Goalie

The summer clinics serve as a fund raiser for the men's water polo program at SRVHS. The funds from the camp will be used for general operating expenses for the water polo programs during the Fall season. Clinics shall not be a prerequisite and will not result in preferential treatment when trying out or participating in a SRVUSD athletic program.

The clinics are open to all athletes with prior water polo experience. Clinics are intended to promote the sport of water polo and individual skill development. Registration is open to all athletes enrolled in 7th - 12th grades.

Camp cost = \$175 (for all clinic days listed previously)

Includes: Coaches with prior experience at the collegiate level, individual instruction, in water training, use of pool facilities, new Kap7 polo ball (Size 5), camp awards/prizes

All fees/applications/waivers are due by June 12th

Camp Coordinator: Brett Nuckols @ bnuckols@srvusd.net

Registration: You can use the following link to register for the clinics (make sure you register for boys water polo and not girls), 1% platform fee added

https://login.futurefund.com/auth/login?account_id=acct_7UH50Jdud8NBueU5LZCz

Option to pay by check payable to 'SRV Boys Water Polo'. Mail check to address listed below.

Steps to complete registration process. All steps must be completed prior to June 12th:

1. Email the camp coordinator to notify your interest in attending the clinics
2. Detach added info below, include waiver of liability, mail to address below
3. Pay camp costs online, or include check with items from Item 2 and mail to SRVHS

SRVHS
Men's Water Polo Program
501 Danville Blvd., Danville, CA 94526

PARENT NAME _____ PARENT SIGNATURE _____

CAMPER NAME (PRINT) _____ AGE _____ GRADE GOING INTO _____

ADDRESS _____ CITY _____ ZIP CODE _____

INSURANCE CARRIER _____ POLICY NUMBER _____

PARENT EMAIL ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT # _____



San Ramon Valley Unified School District

EXTRA CURRICULAR ACTIVITIES

VOLUNTARY PARTICIPATION FORM

and

ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

I authorize myself/my son/daughter, _____ to

participate in the district sponsored activities of _____.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District for course credit or for completion of graduation requirements.

I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the San Ramon Valley Unified School District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by myself, my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused in whole or in part by the action, inaction, or negligence, of released parties to the fullest extent allowed by law.

The undersigned agrees to defend, indemnify and hold harmless the San Ramon Valley Unified School District, its Board of Trustees, officers, agents and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, regardless of and however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the undersigned's (use/occupancy of District's facilities, furniture or equipment, or nature of activity).

I acknowledge that the above named participant is in good health, and fully able to participate in the activities, including activities which are strenuous in nature.

I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and as a participant and that I understand and agree to its terms.

Parent/Guardian

Date

Student Signature

Date

A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file before a participant will be allowed to participate in the above extra-curricular activities.