

Anderson High School Water Polo Club 2018 Season

Athlete Information

- Coaches: Kevin Bell kevin.bell@austinisd.org Portable
Quinn Curl quinn.curl@yahoo.com
Joy Corona joy.corona@gmail.com
- Tryout: February 26, 2018 @ UT Swim Center, 8-10 pm
Wear your suit and bring goggles & a cap
All athletes must have a current physical on file & be able to...
Swim 300 yards in under 5 minutes & Tread water for 5 consecutive minutes
- Teams: Boys team - 13 athletes
Girls team - 13 athletes
JV Coed team – for any athletes who meet the tryout criteria, but are not a part of the top 13 boys/girls, this team will practice with the rest of the team, but will not participate in all games and tournaments
- Practices: Monday, Wednesday & Thursday, 8-10 pm @ UT Swim Center – Optional practice over Spring Break
- Registration: <https://www.active.com/austin-tx/water-sports/swimming-registrations/spring-high-school-water-polo-season-2018?int=>
All athletes need to register & pay online with UT swim center **before first day of practice**, the cost is \$100. You will also be required to register with USA water polo for insurance purposes, you can still register with UT without your USA water polo number*
- USA Water Polo <http://www.usawaterpolo.org/members/athlete-memberships.html>
- Schedule: Feb 26 – TBD: Practice: Mon, Wed, Thurs @ UT 8-10 pm
NOTE: Will occasionally have scrimmages on Thursday
NOTE: Tournaments typically on weekends.
- Cost: Booster fees \$250 (in addition to the \$100 paid to UT Swim Center for facility fees and \$35 paid to USA Water Polo for insurance)
Please make checks out to **AHS Water Polo Booster Club**. Credit cards also accepted
Includes, entry fees, 2 t-shirts, meals at tournaments, coach's stipend, travel, EOY banquet, recognition of seniors and coaches.
- Expectations: Grades
Attendance
Behavior
Leadership
Smile

Anderson High School Water Polo Club
2018 Student REGISTRATION FORM

Name _____

Personal Information.

Gender (circle): Male Female Grade (circle): 9th 10th 11th 12th Student ID: _____

Address: _____

Email: _____ Cell Phone Number: _____

Parent Name(s): _____

Parent Email: _____ Cell Phone Number: _____

Parent Email: _____ Cell Phone Number: _____

Athletic Experience.

- Swimming Experience:
 - a) No organized swimming experience
 - b) Summer swim team experience only
 - c) Anderson High School swim team member
- I can ... (check all that apply – this will be the TRYOUT):
 - Swim 300 yards (12 laps) in 5 minutes
 - Tread water for at least 5 minutes
- Water Polo Experience:
 - a) No water polo experience
 - b) Have played water polo but not on a team
 - c) Have played on a water polo team
- Do you participate in any other high school athletics? If yes, which sports? YES NO

- Do you have experience as a goalie? (soccer, hockey, etc....) YES NO

Student Agreement

I, _____, understand that as a member of the Anderson High School Water Polo Club my actions both at school and outside of school are a representation of my team. Specifically, I understand that in order to remain in good standing on the Water Polo team I must: remain eligible (70% or higher) in all classes, attend all practices, refrain from use of drugs or alcohol, maintain a positive attitude, and have fun!

Student Signature _____ **Date** _____

Anderson High School Water Polo Club

MEDICAL AUTHORIZATION / WAIVER

Athlete Name _____

I, the person and/or legal guardian of the listed student, authorize Anderson High School staff to seek medical treatment for the listed student, as they may deem necessary at any medical facility. I consent to any x-ray, anesthetic, medical, or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed healthcare provider. I understand this authorization is given in advance of any specific diagnosis, treatment, or hospital care and it is given to provide Anderson High School staff the authority to seek medical treatment, and to provide a licensed healthcare provider the authority to administer this treatment as he/she judges necessary to the listed named. I accept responsibility for the payment of all services rendered. I understand whenever possible, Anderson High School staff will make a good faith effort to contact me before treatment is sought.

Parent/ Guardian _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Other Emergency Contact _____

Relationship _____ Phone _____

Pre-Existing Medical Condition _____

Allergies _____

Current Medications _____

I/We are aware that participating in water polo is a potentially hazardous activity. I/we assume all risks associated with the sport, including but not limited to contact with other participants, effects of other weather, traffic, and other reasonable risk conditions associated with the sport of water polo. We hereby release and hold harmless Anderson High School, Anderson High School Water Polo Booster Club and its directors, members, officers, employees, coaches, and other representatives from any and all damages and claims suffered by us, Player or any of our invitees to all games and practices. I/We further understand and agree that as an additional consideration for allowing Player to participate in Anderson High School Water Polo Club, I/we hereby give the release and hold harmless agreement above, and covenant and agree not to sue Anderson High School, Anderson High School Water Polo Booster Club or its directors, members, officers, employees, agents and other representatives. I/We also understand that without this agreement, Player would not be able to participate in Anderson High School Water Polo Club activities. I/We further agree that I/we either have insurance that would cover any damages or injury to Player, or I/we specifically agree to assume the risk of such damages or injury.

Parent/Guardian: _____ Date _____

Signature _____

ELIGIBILITY STATUS RELEASE

I hereby give consent to Anderson High School Water Polo Club to collect information regarding my player's eligibility status. No specific grade information is required. Only the designated board members and coaches will receive information regarding my player's eligibility status.

Authorizing Parent/Guardian: _____ Date _____

Signature _____