



USA WATER POLO

2006 P.A.C.E. Clinic Registration Form

Saturday, April 22, 2006
Arizona State University – Tempe, AZ

Please print clearly. Complete all requested information. This program is open to any and all coaches, as well as male & female athletes, ages 10-18, with at least one season of playing experience. **Pre-registrations must be received by April 12, 2006.** All registrations received after that date, will be accommodated on a first come, first served basis and charged the late registration fee. At-Door registration will be available; space permitting. If you need additional information, please contact the Programs Office @ 562-799-8506 or via email at PACE@usawaterpolo.org. (Please note: the Athlete portion of the clinic is COED.)

Registrant's Personal Information:

Last Name: _____ First Name: _____ B-day (m/d/y): _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ USWP Membership #: _____ Zone: _____

Email Address: _____

REQUIRED: (your confirmation will be sent to this email address, please print CLEARLY)

T-Shirt Size (adult sizes): S/ M/ L/ XL/ 2X Please Circle One: Goalie Center Attacker Defender

COACHES ONLY SECTION

How Many Yrs/Mos Coaching: _____ Where Do You Coach (Name): _____

I Coach (please circle): High School / College / Age Group / Club / Other

<input type="checkbox"/>	Pre-Registration – By April 12, 2006	Athlete or Coach	\$70.00* Per Person	
<input type="checkbox"/>	Late/At-Door Registration - After April 12, 2006	Athlete or Coach	\$85.00* Per Person	
*Clinic fee includes 1 ticket to the ASU/SDSU game to be held at 12 noon on April 22 nd at the Mona Plummer Aquatic Center. Additional tickets may be purchased at the gate.			Total	\$

Payment Information:

If Paying Via Check: Make Checks Payable to: **USA Water Polo** Please Mail to: **Attn: Programs Office
11360 Valley Forge
Los Alamitos, CA 90720**

If Paying Via Credit Card:

Credit Card Holder Name (As it Appears on the Card): _____

Amount Authorized to Charge: \$ _____ Credit Card Type: **VISA MasterCard**

Credit Card Number: _____ Expiration Date (m/y): _____

Card Holder Signature: _____ Date: _____

Forms May Be Faxed to the Women's Programs Office @ 562-799-8508 or Mailed to the Above Address

Participants Agreement: I hereby agree to all terms, conditions and policies set forth regarding P.A.C.E. programs and have read and understand the information as noted above including the format and schedule of the program. Additionally, I agree to allow United States Water Polo to use my image in film and photographs from any and all P.A.C. E. programs to be used for media and development purposes and hereby waive my right and my assignees to collect any profit involving the use of my image. **Minority Age Participants (if you are under 18):** Your parent and/or guardian must also sign and agree to the above terms.

Participant's Signature: _____ Date: _____

Parent/Guardian Signature (for participants under 18): _____ Date: _____



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OVERVIEW

USA Water Polo P.A.C.E. (Programs for Athletes & Coaches Education) clinics are designed to introduce athletes and coaches to the USA "System of Play." All education and instruction is provided by USA National Team Coaches, Athletes and Staff. The athlete program offers close, group instruction in the areas of shooting, defense, fundamentals, and position training, as well as specific goalie instruction.

ELIGIBILITY

Clinics are open to all coaches, and athletes between the ages of 10-18 years old with at least one season of water polo experience. Registrant **MUST** be a current member of USA Water Polo to attend. Please go to www.usawaterpolo.org for more information regarding USA Water Polo memberships. If you are not a current member, you may submit your membership registration at the same time you register for the program. If you are currently a member, you must provide your membership number on the program registration form.

CANCELLATION POLICIES

The following cancellation policy has been added for all 2006 clinics: Full Refund - at least 10 days prior to the start of clinic (April 12); 50% refund - 7 days (April 14); **No refund if cancelled less than 7 days from the start of the clinic.** All cancellations are subject to a \$15 processing fee. USA Water Polo reserves the right to cancel a clinic if pre-registration numbers fall below 50 registered attendees. If so, all pre-registration fees received will be fully refunded.

LOCATION/DIRECTIONS

Arizona State University
Mona Plummer Aquatic Center
323 E. 6th Street
Tempe, AZ 85287

The Mona Plummer Aquatic Center is located at the intersection of Stadium Drive and College Street on the campus of Arizona State University.

Driving Directions from Phoenix Sky Harbor Intl Airport (PHX)

1. Start out going East on E SKY HARBOR BLVD toward RENTAL CAR. (2.21 miles)
2. Take the PRIEST DR ramp toward CENTER PKWY. (0.44 miles)
3. Turn RIGHT onto N PRIEST DR. (0.53 miles)
4. Turn LEFT onto W RIO SALADO PKWY. (1.35 miles)
5. Turn RIGHT onto S MILL AVE. (0.37 miles)
6. Turn LEFT onto E 6TH ST. (0.25 miles)

CLINIC HOURS

11:30 am registration
12:00 – 1:00pm ASU/SDSU game
1:30 - 6:30pm clinic