



Kearns Oquirrh Park Fitness Center

Water Polo *Open League*

The purpose of this league is to promote the sport of water polo at the masters/open level and for the participants to have fun.

- WHO:** There will be two divisions – Male and Female. Participants must be adults or high school juniors or seniors, unless given special permission by the League Director. **All players must be USA Water polo Registered.** Online Registration is available at www.usawaterpolo.com - \$40 for a Seasonal Athlete or \$70 for a Basic Athlete. **New for 2008** – participants that only plan to participate in this league can register with USA Water Polo as a Kearns Open League Only Athlete for \$20. After May 1, go to www.usawaterpolo.com, then US Leagues to become a League Only member of USA Water Polo.
- WHERE:** All games will be held at the Kearns Oquirrh Park Fitness Center.
- WHEN:** Wednesday nights 5:00 p.m. - 10:00 p.m, and possibly some Saturday mornings 8:00 am - Noon. **June 4 - August 6.**
- COST:** General - \$44
KOPFC Members - \$35
- TEAMS:** Every effort will be made to make the teams competitive and fair. The number of players signed up will determine the number of teams, and the number of players on each team.
- SIGN UP:** **Registration Deadline is Friday, May 23.** (or postmarked May 21)

Complete the registration form on the reverse side and return it in person or by mail with payment. Make checks payable to K.O.P.F.C. *Please register early. Mail entries to; or hand deliver*

Kearns Oquirrh Park Fitness Center

C/o Brad Percy
5624 S. 4800 W.
Kearns, UT 84118
966-5555, ext. 142

<p>There will also be water polo pick-up games on Saturday mornings from 9:00 to 11:00 am. (\$3.00 per visit)</p>

Kearns Open League

Register at:

Kearns Oquirrh Park Fitness Center
5624 South 4800 West
Kearns, Utah 84118

Phone: 966-5555 ext. 142



All players must either be adults or high school juniors/seniors, unless given special permission by the League Director. If under 18 you need your parent's signature. Every effort will be made to make the teams fair. Requests can be made for who you want on your team, but requests cannot be guaranteed.

Games start on June 4 and runs through August 6

Name _____ Male Female
(Last name) (First name)

Address _____ City _____ Zip _____

Email (please print clearly) _____

Phone #1 _____ Phone #2 _____

USWP # _____ Age _____ Years experience _____

Teams Played for _____

Position (you may circle more than one) Center Center Def. Driver Lefty Driver Goalie

Requests for teammates 1 _____ 2 _____
3 _____ 4 _____

STATEMENT OF AGREEMENT ASSUMPTION OF RISK AND LIABILITY RELEASE

I hereby recognize and acknowledge that participation in water polo may involve bodily and/or emotional injury to myself and/or my child. In consideration being able to participate in such events, I, for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge, Salt Lake County Regional Service Area and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of the Service Area, that may result from me or my child's participation in this activity. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting for my child's participation. I hereby authorize Salt lake County Regional Service Area employees and volunteers to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment. By signing this assumption of risk and liability release statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms.

Signature: _____ Date: _____

Signature (parent or legal guardian if under 18): _____ Date: _____