



Youth League Water Polo

The purpose of this league is to introduce the sport of water polo to youth and to have fun. The emphasis will be on learning individual and team skills, sportsmanship, teamwork, and having fun!

Volunteer coaches are needed for this program. No water polo experience necessary.

REGISTRATION: Register early! Players who want to play on the same team may request up to four (4) friends.

Complete registration form on reverse and return in person or by mail .

Kearns Oquirrh Park Fitness Center
c/o Brad Percy
5624 S. 4800 W.
Kearns, UT 84118
966-5555, ext. 142

WHO: Boys and girls entering 3rd - 12th grade. There will be four (4) Divisions:
3rd - 6th Coed
7th - 9th Coed
9th - 12th Girls
9th - 12th Boys

WHERE: All games at KOPFC. Most teams will practice at KOPFC.

WHEN: GAMES – Mostly Saturday mornings beginning in August and ending October 11.

PRACTICES – (For those teams that practice at KOPFC)
Tuesday, Wednesday and/or Thursday evenings, between 6:00 - 8:00 PM.
Coaches will decide which day(s) for practices. Practices will begin first week of August.



DAY: Saturday, September 20. Time TBA.

COST: General - \$44,
KOPFC Members - \$35
Players not practicing at Kearns - \$35

T-SHIRTS: Official Youth League T-shirts will be available for \$9.00.

REGISTRATION DEADLINE is July 31. If by mail, be postpostmarked July 28, 2008.

Register at:
Kearns Oquirrh Park
Fitness Center
5624 South 4800 West
Kearns, Utah 84118
Phone: 966-5555 ext. 142

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WE NEED VOLUNTEERS TO COACH (no water polo experience necessary)

I will assist as Coach Asst. Coach

Name: _____ Phone: _____ Email: _____

COACHES MEETING TUESDAY, August 5 AT 5:30 PM. Shirt Size: _____

Name of Player _____ Girl Boy
(last name) (first name)
School _____ Grade (2008-2009) _____ Birthdate _____ Age _____
Address _____ City _____ Zip _____
Parent/Guardian _____ Home Phone _____ Work Phone _____
In emergency notify (other than parent) _____ Phone: _____
Best 100 Freestyle Time: _____ Friends: 1 _____ 2 _____
3 _____ 4 _____

PARENTAL STATEMENT OF AGREEMENT ASSUMPTION OF RISK AND LIABILITY RELEASE

I hereby recognize and acknowledge that my child's participation in water polo may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child 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, Oquirrh Recreation and Parks District 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 District, that may result from 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 from my child's participation. I hereby authorize Oquirrh Recreation and Parks District 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 therefrom. 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 (Parent or Legal Guardian): _____ Date: _____