



## ROCKWALL WATER POLO - FALL 2019

**Start Date/End Date:** Monday, August 26th – Sunday, November 10th

**Practice Location:** Rockwall ISD Aquatic Center, 1205 TL Townsend Dr., Rockwall, TX 75087

**Age Groups/Eligibility:** Ages 6-18. No experience necessary. All are welcome. Athletes will need to be current members of USA Water Polo in order to practice/compete.

**Practice Days & Times:** Athlete should attend the practice for their specific practice group which are based on year in school. All practices are coed.

- **6th Grade & Younger Athletes:** Mondays & Thursdays, 7:30 pm - 8:30 pm
- **7th-12th Grade Athletes:** Mondays & Thursdays, 7:30 pm - 9:00 pm

**Fall League Game Days:** All Athletes will automatically be placed on teams based on age and experience level. Each team will play at least two games each Game Day. All Fall League Game Days are included in Fall Club Dues.

- **Fall League Game Day #1 (All Athletes):** Sunday, September 29th at the LISD Eastside Aquatic Center
- **Fall League Game Day #2 (All Athletes):** Sunday, October 13th at the LISD Eastside Aquatic Center
- **North Texas Fall Champs (All Athletes):** Sunday, October 27th at the Rockwall ISD Aquatic Center
- **Fall League Game Day #4 (All Athletes):** Sunday, November 10th at the LISD Eastside Aquatic Center

**Weekend Tournaments:** Separate emails for each "weekend tournament" will be sent with specific tournament information, deadlines to commit, costs, etc. Participation in Weekend Tournaments is optional, and there will be additional costs associated with these events (entry fees, etc.).

- **Armadillo Classic:** September 14-15 at the Keller ISD Natatorium
- **Dallas Fall Invite:** November 2-3 at the Southlake-Carroll ISD Aquatic Center

**Fall Club Dues:** Please register online and bring payment to your first water session and make checks payable to USA WATER POLO (payment is check only).

- **6th Grade & Younger Athletes:** \$150 per athlete. Cost includes ALL weekly practices/League Game Days
- **7th-12th Grade Athletes:** \$175 per athlete. Cost includes ALL weekly practices/League Game Days
- **Sibling Discount:** There will be a \$25 discount for each additional sibling.
- **Scholarships:** All are welcome and we do NOT want an athlete to NOT play because of finances. For scholarship opportunities, please email [joelinehan@usawaterpolo.org](mailto:joelinehan@usawaterpolo.org).

**Registration Process:** Please complete the below online registration form prior to your first practice OR bring a completed paper form to your first practice.

- **Rockwall Water Polo - [Online Registration Form \(Click Here\)](#)**
- **Online Registration Form Link: <https://forms.gle/mDjBu693BvrrdWR5A>**
- **Rockwall Water Polo - Paper Registration Form (see below or reverse side of flyer)**

**Primary Contact:** Joe Linehan, [joelinehan@usawaterpolo.org](mailto:joelinehan@usawaterpolo.org), 713-705-0945





## Fall 2019 Paper Registration Form

Please complete the [Online Registration Form \(click here\)](#) prior to your first practice OR bring a completed paper registration form to your first practice (see below).

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

School (Fall 19): \_\_\_\_\_ Yr in School (Fall 19): \_\_\_\_\_

Male/Female: \_\_\_\_\_ Athlete T-Shirt Size: \_\_\_\_\_

Athlete's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Email (1): \_\_\_\_\_ Email (2): \_\_\_\_\_

Medical Insurance Info: \_\_\_\_\_

Please list any current medical conditions in which you may be receiving treatment and/or medication(s):

\_\_\_\_\_

I hereby authorize the directors of Rockwall Water Polo/USA Water Polo to act for me according to their best judgment in any emergency requiring medical attention. I know of no medical, mental, or physical problem, which might affect my child's ability to safely participate in this camp. I will be responsible for any medical or other charges in connection with his or her attendance at this camp. I hereby agree to save, indemnify and hold harmless the Rockwall Water Polo/USA Water Polo staff, its agents, employees, and sponsors against any and all liability, claims, or demands for damages arising from injuries sustained by my child during the camp.

Signature of Athlete: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

*\*If athlete is under the age of 18, a parent's signature is required*

