



P.O. Box 1492
Kailua, HI. 96734

Dear Friends of Windward Water Polo Club

August 10, 2021

We will be continuing our Keiki sessions in the Fall of 2021. **Note that our sessions will remain on Saturdays, 9:00 am to 10:30 am at the Le Jardin Academy Pool.**

New student athletes must be able to swim 4 laps freestyle and tread water for 5 minutes.

Schedule as follows: Cost will be \$165 for this session. Costs cover pool rental, lifeguard fee, equipment and coaching fees (not including Coach Scott who is an unpaid volunteer).

September: 4, 11, 18, 25

October: 2, 23, 30

November: 6, 13, 20

December: 4, 11

Registration with USA Water Polo is a requirement to participate. USA Water Polo registration is on a calendar year basis. Check website (www.usawaterpolo.org) and club affiliation is Windward Water Polo Club. USA Water Polo registration fees are separate from club fees and can be paid directly to USA Water Polo online.

Please fill out the attached Release Form and make checks for practice fees of \$165 payable to Windward Water Polo Club and mail to:

WWPC
P.O. Box 1492
Kailua, HI., 96734

Please mail your Release Form and fees to the above address by September 10, 2021, as we need to submit roster and payment to LJA for the use of the pool. Please do not submit payments to Coaches, Lifeguards or Board Members.

If you have any questions, please email me at ssettle@settlemyerlaw.com or call/text me at 808-722-7735. Thank you for your continued support.

Sincerely,

Scott Settle
Coach, Windward Water Polo Club

Notice: All practices are subject to LJA's Covid 19-related rules and protocols. Only athletes and coaches will be allowed on the pool deck. Masks required except while actively practicing in the pool.

Medical and Waiver Release

Player Name: _____ Birthdate ____/____/____ Age: _____
Address: _____ City: _____ Zip: _____
Parent/Guardian Name if under 18): _____
Home Phone: _____ Work Phone: _____ Cell: _____
Emergency Contact: _____ Phone: _____ Relationship: _____
Existing Medical Coverage: _____ Plan #: _____
Known Allergies: _____
Current Medications: _____

I hereby voluntarily authorize my child to participate in Windward Water Polo Club ("Club") practices, games, and other Club events. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____ (Initial Here)

As consideration for being permitted by the Club to participate in these activities, I hereby release and hold harmless the Club and its directors, staff, volunteers, designated coaches and program officials, as well as Le Jardin Academy or any other school or facility used by the Club (collectively, "Released Parties"), from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any Released Parties in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold the Club and all Released Parties free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to the Club to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to the Club to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE WINDWARD WATER POLO CLUB AND I SIGN IT OF MY OWN FREE WILL ON BEHALF OF MYSELF, MY CHILD AND MY FAMILY.

Parent or Guardian Signature

Date