

# Springfield Aquatic Club 2010

## Spring Water Polo

### SPARTAN PRIDE

Please Fill In Completely–One Form Per Family–Payment MUST Accompany Form  
 Mail this form to: **Springfield Aquatic Club, PO Box 213, Oreland PA 19075**

<b>Athlete Information</b>	
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Please provide the name of each player.  
 Provide Date-of-Birth, M/F and Age (as of 03/01/10)

Name	first	last	M / F	Age as of 03/01/10
1.)	_____	_____	M// F	_____
2.)	_____	_____	M / F	_____
3.)	_____	_____	M / F	_____
4.)	_____	_____	M / F	_____

#### Parent Contact Information (please PRINT CLEARLY)

<b>Primary Contact – parent(s)</b> Name _____ Name _____ Day Phone _____ Evening Phone _____ Cell Phone _____	<b>Secondary Contact</b> Name _____ Day Phone _____ Evening Phone _____ Relationship to swimmer: _____
Primary Contact Mailing Address	
Primary Contact City/State/Zip	

**SAC uses email as its primary communications vehicle. Please PRINT your email(s) carefully**

Email Address(es)
(multiple addresses are encouraged)

## SAC Fees for 2008 Season

Total Cost = \$125.00 (This includes AWP registration fee of 25.00)	
<b>Please make check payable to:</b>	
<i>Springfield Aquatics Club</i>	

**SAC USE ONLY**

Fee Paid	Check No	Initial
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In case of emergency I give permission to contact the nearest emergency medical care in order to apply for medical services for the well-being of my children including transportation to a medical center. I certify that my children have medical insurance. I certify that my/our children are able to swim 25 yards non-stop. I assume the risks and hazards incidental with the activities of the Springfield Aquatic Club. I do further hereby release, absolve, indemnify and hold harmless The Springfield Aquatic Club, its officials, directors and employees of said club from any actions, demands, suits, or claims which my child or I, as parent or guardian, have or might have for any damage or injury to my child as a result of being a member of the Springfield Aquatic Club or participating in any type of activity that results in such damage or injury to my child.

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Practices will begin the week of March 7<sup>th</sup> for the Novice 15 and under team and the Novice 12 and under teams. Both teams will compete as co-ed. Typically, these 2 teams will practice Mondays and Wednesdays from 6-8pm. The goal of these novice teams is to expose the younger athletes to the sport of water polo. The experience of practice and game time will pay dividends when playing at the high school level. Both teams will compete against other novice teams during game weekends at Villanova University. All practices will be held at Springfield High School.**

**Practices for the Girls and Boys High School teams will begin the week of March 15<sup>th</sup> (Tuesdays and Thursdays). If your son or daughter is competing in the PIAA States Swimming Champs he/she can begin after. According to the American Water Polo website, the first series of games (2 per Saturday or Sunday) *could* begin the weekend of March 20-21 and conclude May 15-16. Between these dates the Springfield Club Team will compete in four of these weekends (either a Saturday or a Sunday) for a total of 8 games. The exact schedule is TBA as of now. As soon as American Water Polo sets the schedule, parents will be notified by email the day the spring schedule is posted.**