



Dear Friends of Windward Water Polo Club,

August 5, 2025

We are happy to announce Fall morning sessions for Intermediate (6-8th grade) and High School (9-12th grade) athletes. **Training sessions will be held on Tuesday, Thursday, and Saturday mornings for girls and boys. All Saturday sessions will be held from 7:00 am to 9:00 am and Tuesday/Thursday sessions will be from 6:15 to 7:30 AM. All training will be conducted at the Le Jardin Academy Pool. Please be at the pool at least 15 minutes early.**

Beginners are welcome. However, **these sessions will include focused and repetitive swimming, passing, shooting and conditioning drills, so all athletes should be strong swimmers capable of swimming and treading water for the entire practice.** The Schedule for this session is set forth below. **Cost will be \$640** for this session. Costs cover pool rental, lifeguard fee, equipment and coaching fees.

NOTE: IF YOUR CHILD IS PARTICIPATING IN ANY BOYS ILH WATER POLO SEASON, THEY MAY NOT ALSO ATTEND CLUB MORNING PRACTICES.

August: 19, 21, 23, 26, 28, 30

September: 2, 4, 6, 9, 11, 13, 16, 18, 20, 23, 25, 27, 30

October: 2, 4, 7, 9, 11, 14, 16, 18, 21, 23, 25, 28, 30

November: 1

Fees for this session will be **\$640.**

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 visit our **online registration link** to register your child: <https://registration.teamsnap.com/form/35432>

Check Mailing Address: PO Box 1492 Kailua, HI 96734 – **Payable to:** Windward Water Polo Club

If you would like to pay via check, please mail your Release Forms and fees to the above address by September 1, 2025 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 us at windwardwaterpolo@gmail.com or call/text us at 808-782-5046. Thank you for your continued support.

Sincerely, Coach Sam Braun

Notice: All practices are subject to LJA's Campus and Pool-related rules and protocols as may be amended.

Medical and Waiver Release

Player Name: _____ Birthdate ____/____/____ Age: _____ Parent/Guardian
Name if under 18): _____ Parent Email Address:
_____ Parent Cell Phone: _____ Second Phone:
_____ 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, the City and County of Honolulu or any other school, agency or owner or operator of a pool 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.

_____ Date _____

Parent or Guardian Signature