



P.O. Box 1492
Kailua, HI. 96734

Aloha Windward Water Polo Club Ohana

August 5, 2025

We will be continuing our **Keiki (3rd-6th grade)** and **Splash Ball (K-2nd grade)** sessions in the FALL of 2025. **Note that our Keiki sessions will remain on Saturdays, 9:00 am to 10:30 am at the Le Jardin Academy Pool. For Splash Ball-aged athletes, practices will generally end at 10am. Please be at the pool at least 10 minutes early as we will start at 9am sharp.**

For our regular **Keiki program**, **athletes must be able to swim 4 laps freestyle and tread water for 5 minutes**. The Keiki program is geared generally to beginner players in 3rd- 6th grade. Exceptions can be made by the coach for younger or older athletes.

Our younger Splash Ball students will be introduced to water polo skills in the shallow end of the pool, where they can use the bottom as well as swim. However, **Splash Ball is not intended as a replacement for swimming lessons, and students must be able to swim and float unaided**. The program emphasizes teamwork and having fun. Please contact coach Scott to discuss any exceptions.

The FALL Schedule is set forth below. The cost will be \$320 for this session. Costs cover pool rental, lifeguard fee, equipment and coaching fees.

September: 6, 13, 20, 27

October: 4, 11, 18, 25

November: 1, 8, 15, 22

December: 6, 13, 20

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/35430>

If you would like to pay via check, please mail your Release Forms and fees to the below address by September 15, 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 me us at windwardwaterpolo@gmail.com or call/text us at 808-782-5046. Thank you for your continued support.

CHECKS PAYABLE TO: Windward Water Polo Club

Check Payment Address: PO Box 1492 Kailua, HI 96734

Sincerely, Coach Sam Braun

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

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.

Parent or Guardian Signature

Date