

2020 St. Xavier Water Polo Camp

Ages	4 th Grade – 9 th Grade – This is a COED camp
Date	Tuesdays in June – 2, 9, 16, 23, 30
Time	6:00 – 7:30pm
Location	St. Xavier High School—Keating Natatorium
Cost	\$90 per player (includes a camp T-shirt)
Registration	http://www.stxsportscamps.com/
Entry Deadline	May 17, 2020
Equipment	Swim suit – goggles are optional. All other equipment is provided.

Philosophy

The sport of water polo does not have a strong youth system, and our goal at St. Xavier is to create a platform by which kids of all ages can get the opportunity to play and compete in the sport water polo. We are very fundamentally focused, and our goal is to have a very fun atmosphere while learning the basics. Since this is a sport with limited access, we recognize that the kids coming to the camp have very little (if any) experience, and that's great! We just want to build into those that are interested in water polo. We will also have high school kids coming down to help out with these camps to develop relationships while teaching skills.

Content

Foundational skills covered will include:

- Treading
- Heads up swimming
- Dribbling
- Passing / Shooting
- On ball pressure
- Goalie skills

Method

Each skill will feature coaches in the water with the kids demonstrating and working with the kids. We will also have videos to show the kids so that they can get a better visual of the skills.

We encourage giving effort and making mistakes. It's how we grow!

Camp Director

PAUL SPLITT

Head Varsity Coach

- 20 Years of Coaching Experience
- 2018, 2019 Cincinnati Coach of The Year
- 2019 U.S. Men's National Team Assistant
- 3x State Champion as coach
- Moose Water Polo Club Head Coach
- 2018 Midwest Zone Champion
- 4x Great Lakes Zone Champion

RELEASE AND MEDICAL CARE AUTHORIZATION

I am the parent/legal guardian of _____, *(Child's Name)*

who is a participant in a _____ *(name of camp)* sports camp (the "Camp") sponsored by St. Xavier High School. I understand that at times my child may be participating in sporting events and other activities incident to the operation of the camp under the supervision of volunteers or paid staff members of St. Xavier High School. I authorize my child's participation in the Camp and in the sporting events and other activities incident thereto. If the volunteer(s) or paid staff members(s) of St. Xavier High School supervising my child determine that my child needs medical attention, and if the volunteer(s) and/or staff members(s) cannot contact me at the telephone numbers listed above, then I authorize those volunteer(s) and/or staff members(s) to consent to (1) the administration of any treatment deemed necessary by my child's physician and/or dentist, identified below or, if the relevant designated practitioner is not available, by another licensed physician and/or dentist, (2) the admission of my child to the hospital identified below or, if that facility is not accessible, any other hospital reasonably accessible. This medical authorization does not include any authorization to perform surgery other than that required in emergency circumstances unless the medical opinions of two other licensed physicians concurring in the necessity for surgery are obtained prior to the performance of surgery. To the extent necessary for my child's protection, I have provided St. Xavier High School with my child's medical history, including any allergies, medications and impairments to which a physician should be alerted. In consideration of my child being permitted to participate in the St. Xavier High School Camp, I do hereby fully release and hold harmless St. Xavier High School, its trustees, officers, agents, employees, and volunteers from any and all actions, claims and demands of whatsoever kind on account of any and all injuries, losses or damages, including consequential damages, which my child or family members may sustain in connection with or during my child's participation in the St. Xavier High School Camp. I further state that I have carefully read this Release and know the contents thereof, and I am signing this Release as my own free act. Medical information:

Child's Physician: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Preferred Hospital: _____

Please identify any relevant medical history (e.g., allergies, medications or impairments) to which a physician treating your child should be alerted.

Signed: Mother/Legal Guardian: _____ Date _____

Father/Legal Guardian: _____ Date _____