



WATER POLO  
Summer League

League Information

**Emphasis:**

A comprehensive league to teach the fundamentals; body positioning, individual defense, passing, shooting, driving and goalie skills. The league would consist of three age groups—14 & under, 12 & under, 10 & under. The teams would be fielded from WSSC, LaGrange Field Club, Village Field Club, Oak Brook and Lyons (kids not affiliated with a summer club)

**Eligibility:**

Open to all athletes - ages 14 and under (High School athletes are not eligible to participate)

**Clinic Facilities, Dates and Times:**

Lyons Township High School (South Campus)  
Mondays and Wednesdays from 2:30 to 4:00 pm  
Games on Fridays (game times will be announced)

Practice will begin on Monday, June 15<sup>th</sup> and will finish on July 15<sup>th</sup>.

**Costs:**

\$65 per player

**Questions? Contact:**

[www.lyonswaterpolo.com](http://www.lyonswaterpolo.com)  
Doug Eichstaedt at [djeichst@hotmail.com](mailto:djeichst@hotmail.com)

**Registration Form**

Please Print Clearly

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guarding Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone # (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Experience: \_\_\_\_\_

(Include years and months per season that you participated in water polo. A season does not count as a full year of experience)

**Release Waiver**

I/We assume all risks and hazards of an incident to such participation and expressly hereby waive, release, absolve, indemnify and agree to hold harmless "Lyons Swim Club" and its officers, directors, employees, officials, sponsors, supervisors, other participants and any authorized persons transporting my/our son /daughter to or from activities, from any claim or cause of action arising out of injury to my/our son/daughter. It is the parent's responsibility to provide proper insurance for their son/daughter.

I/We agree to indemnify and hold harmless and defend "Lyons Township High School" including the Board of Education, its members, officers, agents, servants, independent contractors and employees from any and all claims arising from injuries, including death, damages and losses sustained by me or participant(s) and arising out of connected with or in any way connected with the activity of the program, not otherwise caused by the sole negligence of "Lyons Township High School."

I/We hereby authorize the director and staff of the Water Polo clinic to act for me according to their best judgment in any emergency requiring medical attention. I know of no medical, mental or physical problem, which might affect my child's ability to participate in this clinic. I will be responsible for any medical or other charges in connection with his or her attendance at the clinic. I hereby agree to save, indemnify and hold harmless the Lyons Swim Club staff, its agents employees against any liability, claims or demands for damages arising from injuries sustained by my child during the clinic.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_