

Acalanes Union High School District Presents

Women's Masters Water Polo



A fun interactive non-threatening adult workout with emphasis on teaching the skills and tactics involved in the game of water polo while you are working out. A great way to workout and learn new skills.

★ No experience necessary, BEGINNERS WELCOME. ★

★ All participants must be over 18 years of age and must be able to comfortably swim 25 yards in deep water. ★

Session Dates: August 17 – November 9

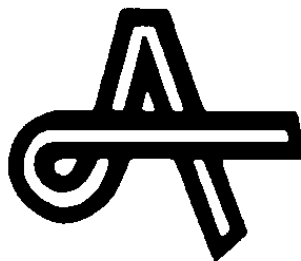
Practice Days/Times: Mondays & Wednesdays 8:45-10:15 AM

** No Class on Monday September 5 (Labor Day) **

Location: *Soda Aquatic Center at Campolindo High School*

Fees/Registration: \$9 drop-in fee/practice or \$175 for the entire session (24 practices)

Questions? Coach – Andrew Morris, soda@acalanes.k12.ca.us, (925) 280-3928



REGISTRATION

PLEASE SEND TO:
Soda Aquatic Center
300 MORAGA ROAD, MORAGA, CA 94556

Acalanes Union High School District Registration Form

SEND TO: Soda Aquatic Center, 300 Moraga Road, Moraga, CA 94556

NOTE: One registration form must be completed for EACH PARTICIPANT.

More forms are available at the Soda Aquatic Center Office (925-280-3928) or you may duplicate this form.

Checks payable to: Acalanes Union High School District (AUHSD)

Parent/Guardian Name _____ Address _____ Street or P.O. Box _____ City _____ Zip _____
 First _____ Last _____ Telephone _____ Home _____ Work _____
 Participant Name _____
 First _____ Last _____
 e-mail _____ Participants Age (if under 18) _____

Swim Lesson Registrations – Please list first and second choice of lesson times. Assume your first choice was accepted unless you are notified.

| Course Title | Time | Dates | Day(s) | Fee | For Office Use |
|--------------|------|-------|--------|-----|----------------|
| 1. | | | | | \$ Rec. |
| 2. | | | | | Date Rec. |
| 3. | | | | | |

NO CONFIRMATION WILL BE SENT

I hereby waive all claim or claims against the Acalanes Union High School District (AUHSD), Board of Trustees, its agents and/or employees for personal injury to myself or my children while participating in the above AUHSD Program(s). I further agree to indemnify and hold harmless the AUHSD, Board of Trustees and its agents and employees from any claim or claims for personal injury or property damage against said entity arising from any activity by myself or my child(ren) which causes such injury or damage. I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for my child(ren) in case of illness or accident during such program(s).

Signature: _____ Date: _____