

# Cambridge Water Polo 2018

*Welcome to Cambridge's Sixth season of water polo!*

*Here are the details you need to know for the upcoming season.*

Cambridge Water Polo (CWP) is open to all North Fulton area High School and Middle School aged players. We are planning to have two Cambridge Water Polo (CWP) teams this year. There will be one Division 2 team and one Division 3 team. Both teams will be co-ed as we have done since the inception of CWP. The CWP coaches will determine the rosters for the D2 and D3 teams after tryouts and CWP practices.

## Summer Clinic and Practices

Plans are being made to have at least one water polo clinic and possibly several scrimmages in June and July. Coach Lee is still working on these so look forward to more information once plans are confirmed. These summer CWP events will be available to all players who have completed their American Water Polo Membership, CWP Registration forms, and paid the 2018 CWP registration fee.

## CWP Registration Fees

Registration fees are \$200 for first player; \$175 for each additional sibling.

- Covers pool space rental for practice, league entry fee, CWP t-shirt, and game equipment
- Make checks payable to Cambridge High School (put water polo on subject line)

## American Water Polo Membership (do not sign up for USA Water Polo by accident)

- If you are new, you must register here: <http://www.americanwaterpolo.org/join-now->
- If you are already a member, you must renew every year! Please do so immediately and notify me when that has happened
- It is VITAL that you register **PRIOR TO OUR FIRST 2018 CWP PRACTICE**. This covers you in case of injury or anything else while playing. We could get fined if we have kids playing that are not registered

## CWP Registration and Athletic Form

Please complete the attached forms and return them to Lauren Hall at CHS or mail it to Coach Lee **prior to the first 2018 CWP practice**. CWP has to have medical clearance from your parents and health insurance information on hand at all times.

- Please write VERY clearly for the e-mail portion so you can receive all communication for the season

## Concussion Awareness Form

Please sign and return to Lauren Hall or mail to Coach Lee prior to our first practice. This is a League requirement.

## Team Communications

Please sign up for our team Remind101 messages! This is especially important for practice and other schedule changes that may be last minute (e.g. lightning in the area causes a pool closing)!

- Send a text to 81010 with @bears polo in the message box to receive our text messages!

- You may also search for “Water Polo” under all Cambridge Remind groups on the Remind app!
- Some communications will be emailed but most team communications during the season is via the Remind app.

We are working on a CWP website where we can post announcements, schedules, and other useful information.

### **Practice Schedule**

TBD (Locations: Wills Park and Alpharetta YMCA)

- We practice twice a week on Tuesday and Thursday evenings. Times will be announced once they are set with the facilities.

### **Fall Game Schedule**

The fall game schedule will be released once we have it from the League.

- All games are on Saturdays and Sundays and will start in early August and run through the first two weekends of October for Division Championships
- Typically we play 11 to 12 matches in the fall season prior to the post-season tournaments.

### **Swim Suits**

Each athlete is responsible for acquiring their own swim suit. Specially designed water polo suits are recommended for all scrimmages and games. These suits are designed to provide the appropriate coverage and freedom of movement required by this rigorous sport, while minimizing the opponent's ability to grab and manipulate players in the water.

Water polo suits are available from a variety of online sources, including:

<http://www.kap7.com/water-polo/>

<https://www.swimoutlet.com/>

<https://www.tyr.com/>

<https://www.amazon.com/>

### **Parents**

Parents are critical to support the CWP program. Support is needed for game scorers, fundraising, marketing, photographers, end of season banquet committee, etc. Please indicate on the athlete registration form what area of supporting the program you can help out with.

If your parent is interested in helping out with running the table for our team, please let me know so we can get you trained. It is easy and guarantees a center pool view of the game! It is a League requirement that there be two parents for each game as table workers (scorers).

- Table Worker Clinics are offered by the League in August.

### **CWP Head Coach**

**Brian Lee**

770-330-7450 M

110 N. Christophers Run

Alpharetta, GA 30004

## Cambridge Water Polo Athlete Information Form

Name: \_\_\_\_\_

Male

Female

(circle one)

Grade (circle one): 9      10      11      12

Birthdate: \_\_\_\_\_

High School: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

T-Shirt Size (circle one) S    M    L    XL    XXL

E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

### Parent Information:

Parent/Guardian Name(s): \_\_\_\_\_

Guardian #1 E-Mail: \_\_\_\_\_

Guardian #1 Cell Phone Number: \_\_\_\_\_

Guardian #2 E-Mail: \_\_\_\_\_

Guardian #2 Cell Phone Number: \_\_\_\_\_

I will support the CWP program by being a:

- ☐ Table Scorer
- ☐ Fundraising
- ☐ Marketing
- ☐ Game Photographer / Media
- ☐ Tournament game refreshments
- ☐ End of season banquet committee

I agree to allow Cambridge Water Polo to use my voice, image, or likeness in video or still photography, including for the purpose of promoting the organization.

I have read the Georgia High School Water Polo Association (GHSWPA) policies on rules of conduct and disciplinary process. I realize that failure to comply with any of these regulations may result in team probation, team suspension, removal from the team, or other disciplinary action deemed appropriate by the coach.

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

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

Athlete Signature: \_\_\_\_\_

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

## Water Polo Athlete Medical Clearance Form

Athlete's Name: \_\_\_\_\_

Name on Insurance Card: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

\*American Water Polo Membership Number: \_\_\_\_\_

☐ Renewed for 2018 (if a returning water polo player)

\_\_\_\_\_: (initial) It is unsafe and prohibited to play or practice water polo while wearing prescription eyewear, due to the potential for eye injury. Soft lens, pool safe contact lenses are permitted. Mouthpieces are strongly recommended for players with orthodontics in place.

Please list any medical conditions that may affect the participant's safety, health, stamina, or performance while participating in the sport of water polo. Please write N/A if nothing is of concern.

Please list any medical supplies they may need to use before, during or after a game (ex: inhalers, etc.)

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**Medical Waiver:** I, the undersigned hereby certify that I am the parent or legal guardian of the above named participant/athlete. I hereby give my permission for any supervisor associated with the Cambridge Water Polo team, or the in-use Aquatic Center to seek and/or give appropriate medical attention for my child in the event of an injury or illness. I, the undersigned will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I, the undersigned, hereby waive release and forever discharge the Cambridge Water Polo team and associated supervisors from all rights and claims for damages, injury, loss to person or property which may sustain or occur during participation in water polo club activities, whether or not damages or loss is due to negligence. I hereby acknowledge that the participant/athlete named above is (are) physically fit and mentally capable of participation in water polo activities.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Georgia High School Association Student/Parent Concussion Awareness Form

SCHOOL/PROGRAM NAME: Cambridge Water Polo

### DANGERS OF CONCUSSION

Concussions at all levels of sports have received a great deal of attention and a state law has been passed to address this issue. Adolescent athletes are particularly vulnerable to the effects of concussion. Once considered little more than a minor “ding” to the head, it is now understood that a concussion has the potential to result in death, or changes in brain function (either short-term or long-term). A concussion is a brain injury that results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. Continued participation in any sport following a concussion can lead to worsening concussion symptoms, as well as increased risk for further injury to the brain, and even death. Player and parental education in this area is crucial – that is the reason for this document. Refer to it regularly. This form must be signed by a parent or guardian of each student who wishes to participate in GHSA athletics. One copy needs to be returned to the school, and one retained at home.

### COMMON SIGNS AND SYMPTOMS OF CONCUSSION

- Headache, dizziness, poor balance, moves clumsily, reduced energy level/tiredness
- Nausea or vomiting
- Blurred vision, sensitivity to light and sounds
- Fogginess of memory, difficulty concentrating, slowed thought processes, confused about surroundings or game assignments
- Unexplained changes in behavior and personality
- Loss of consciousness (NOTE: This does not occur in all concussion episodes.)

**BY-LAW 2.68: GHSA CONCUSSION POLICY:** In accordance with Georgia law and national playing rules published by the National Federation of State High School Associations, any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion shall be immediately removed from the practice or contest and shall not return to play until an appropriate health care professional has determined that no concussion has occurred. (NOTE: An appropriate health care professional may include licensed physician (MD/DO) or another licensed individual under the supervision of a licensed physician, such as a nurse practitioner, physician assistant, or certified athletic trainer who has received training in concussion evaluation and management.

a) No athlete is allowed to return to a game or a practice on the same day that a concussion (a) has been diagnosed, OR (b) cannot be ruled out.

b) Any athlete diagnosed with a concussion shall be cleared medically by an appropriate health care professional prior to resuming participation in any future practice or contest. The formulation of a gradual return to play protocol shall be a part of the medical clearance.

***By signing this concussion form, I give the Cambridge Water Polo team permission to transfer this concussion form to the other sports that my child may play. I am aware of the dangers of concussion and this signed concussion form will represent myself and my child during the 2018 - 2019 school year.***

I HAVE READ THIS FORM AND I UNDERSTAND THE FACTS PRESENTED IN IT.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Name (Signed)

\_\_\_\_\_  
Parent Name (Printed)

\_\_\_\_\_  
Parent Name (Signed)

\_\_\_\_\_  
Date