

## Important

Transportation will be provided from Phoenix Airport (PHX) **upon request**.

**COST:** IF PAYMENT IS RECEIVED ***BEFORE*** 5/1/07

\$480/RESIDENT CAMPER

\$380/DAY CAMPER

IF PAYMENT RECEIVED ***AFTER*** 5/1/07

\$550/ RESIDENT & \$450 / DAY CAMPER

Online registration will be available by Feb 1, 2007

The camp is not endorsed or sponsored by ASU.

**Camp Staff** will include current and former collegiate athletes and several top collegiate and high school coaches including the ASU Coaches...

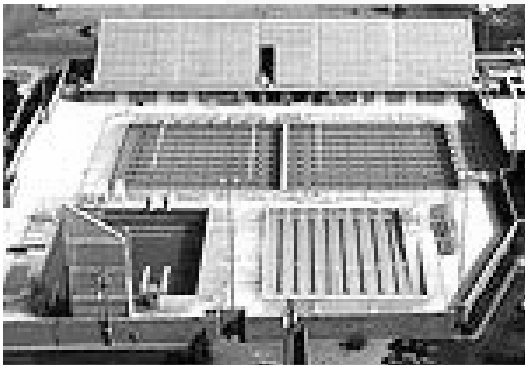
The camp will be limited to 100 resident athletes due to space and to ensure that the staff/camper ratio is low. Registration will be awarded on a first come/first serve basis.

The camp will begin each session with an in-the-water review of the basic technical skills required to excel at water polo. Each day, athletes will also refine/learn skills specific to their position. Each evening's training session will include two games.

Check out [www.thesundevils.com](http://www.thesundevils.com) for updates on the Sparky Water Polo Camp.

- Coach Mentoring Program Available
- Team discounts available upon request
- Multi-family member discounts

**Mona Plummer Aquatic Center**



Sparky Water Polo Camp  
ASU Athletics  
PO Box 872505  
Tempe, AZ 85287

# 2007

## SPARKY WATER POLO CAMP AT ARIZONA STATE UNIVERSITY

**July 11 - 15, 2007**

Open to Boys and Girls ages 11-18\*

Day and Resident Campers

\*Age 10 or under admitted with staff approval

### **Directors:**

Todd Clapper - ASU Head Coach

Robbie Bova - ASU Assistant Coach

**Contact: Robbie Bova**

Tel: (480) 727-7955

Email: [Robbie.Bova@asu.edu](mailto:Robbie.Bova@asu.edu)

# REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Fax Number (\_\_\_\_\_) \_\_\_\_\_

Parents' Email \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ OR Female \_\_\_\_\_

Position that you want to train for:

\_\_\_\_ Goalie \_\_\_\_ 2-Meter \_\_\_\_ Driver

T-Shirt Size \_\_\_\_\_

Camper Lives with:

\_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Both

Mother's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Team Name \_\_\_\_\_

Coach \_\_\_\_\_

Year of High School Graduation \_\_\_\_\_

Roommate Request \_\_\_\_\_

USWP or American WP# \_\_\_\_\_

\* All participants must be registered with USWP or AWP\*

## COST: RESIDENT CAMPERS

\$480 before 5/1/07 - \$550 After 5/1/07

## DAY CAMPERS

\$380 before 5/1/07 - \$450 after 5/1/07

Amount Enclosed \_\_\_\_\_ / Check # \_\_\_\_\_

## Daily Schedule

### WEDNESDAY, JULY 11<sup>TH</sup>

11 AM-2:00 PM Check In Mona Plummer Pool Lobby

4:00-5:00 PM Information Session

6:00-9 PM Water Polo Training

8:00 PM Pizza at Pool

### THURSDAY, FRIDAY, SATURDAY

7:15 AM Breakfast at Pool

8:00-11:00 AM Pool Session

11:00 AM Lunch

2:00-3:30 PM Classroom/Video Session

5:00 PM Dinner

6:00-9:00 PM Pool Session

10:30 PM Lights Out

### SUNDAY, JULY 15<sup>TH</sup>

7:00 AM Breakfast at Pool

7:30-11:30 AM Tournament & Station Work

12:00 PM Meeting & Lunch

1:00-2:00 PM Dorm Check out

2:00 PM Camp Ends

## WHAT TO BRING

- |  |   |
|--|---|
| <input type="checkbox"/> Swim Suit (2)         | <input type="checkbox"/> Sunscreen      |
| <input type="checkbox"/> Towel (2)             | <input type="checkbox"/> Hat            |
| <input type="checkbox"/> T-Shirts              | <input type="checkbox"/> Shorts         |
| <input type="checkbox"/> Sneakers / flip flops | <input type="checkbox"/> Athletic Socks |
| <input type="checkbox"/> Pillow                | <input type="checkbox"/> All Bed Linens |

Lunch on Friday will be on Mill Ave. Campers should bring extra money for lunch on that day, as well as, spending money for camp store (snacks, T-shirts, etc)

## PROVIDED

CAMP T-SHIRT

WATER BOTTLE

BREAKFAST

LUNCH

DINNER\*

\*RESIDENT CAMPERS ONLY

## LODGING:

ASU DORMITORIES

## Medical Information

Applicant's Name \_\_\_\_\_  
(Please Print)

### Medical Treatment Authorization

I/We being the legal guardians of the above applicant authorize the Sparky Water Polo Camp and its agents to ensure the well being of the applicant.

\_\_\_\_\_  
(Parent/Guardian Signature) Date

**Insurance:** All Participants are required to have coverage for accidental injury. Please complete the health care information below.

Health Ins. Provider \_\_\_\_\_

Policy Number \_\_\_\_\_

I approve of my child's attendance at the Sparky Water Polo Camp and certify that he/she is in good health and able to participate in the program activities. I (AM/AM NOT) attaching a statement explaining special physical limitations and/or required medication. Please indicate if your child suffers from allergies, asthma, diabetes, or is restricted from certain activities, etc. In further consideration of the Sparky Water Polo Camp accepting this application, I/We hereby agree to save and indemnify and hold harmless the Sparky Water Polo Camp, its agents, and employees against any and all liability, claims, judgments or demands for damages arising as a result of injuries sustained by the applicant during, or his/her way to/from camp, or as the result, of any course given the applicant of the Sparky Water Polo Camp

\_\_\_\_\_  
(Parent or Guardian Signature) Date