



# CLARK WATER POLO SUMMER CAMP

At Clark Intermediate Starting June 6<sup>th</sup>  
No Experience Necessary!!!

FOR MORE INFORMATION CONTACT COACH EOFF AT  
[RickEoff@clovisusd.k12.ca.us](mailto:RickEoff@clovisusd.k12.ca.us)



# Clark Boy's Water Polo - Summer Camp

## 2022 - For incoming 7<sup>th</sup> and 8<sup>th</sup> graders

**Cost:** \$120 Checks made payable to 'CCSRD'

\* In addition, there may be individual tournament fees associated with this program.

\* Athlete must have a current USA Water Polo Membership

**Times & Dates:** (Summer) June 6 – July 14 8:00-10:00 AM at Clark / Monday-Thursday

### Games / Tournament Schedule:

- Wednesday League (FREE) at Clovis HS  
Times TBA (between 10:00 AM – 1:00 PM) starting June 15 – July 13
- Hardcore Cup (\$10 fee) at Clark (\$10 fee is waived and FREE admission if you volunteer)  
Times TBA - June 11 & 12 (**United States Water Polo Membership is required**)
- Clovis North Summer Showdown (\$10 fee) at Clovis North HS  
Times TBA – June 24,25,26 (**United States Water Polo Membership is required**)

**Questions: contact: Rick Eoff at [RickEoff@clovisusd.k12.ca.us](mailto:RickEoff@clovisusd.k12.ca.us)**

**Make checks payable to: Clovis Unified Aquatics and bring to the pool.**

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### Application Form

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_ Parent Cell \_\_\_\_\_

Email \_\_\_\_\_

School you will attend in August, 2022: \_\_\_\_\_ Grade in the Fall '2022 \_\_\_\_\_

My child has my permission to attend the above camp on June 8 – July 16, 2020. I certify that my child has no medical or emotional problems which may affect his/her ability to safely participate in all camp activities. I hereby authorize the camp director & coaches to act for me according to their best judgment in any emergency requiring medical attention while attending camp. I understand that my child MUST HAVE current and active medical insurance before he/she can attend camp. I hereby waive and release the Clovis Unified School District, its employees and camp staff from all claims arising from any injuries or expenses relating to injuries while my child is at camp. List of any allergies, medications, limitations and/or conditions (in the event that medical attention needed): \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Medical Insurance

Company \_\_\_\_\_ Policy # \_\_\_\_\_ In case of emergency

contact: \_\_\_\_\_ Ph.# \_\_\_\_\_

*In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact, during the previous 24 months, either directly or indirectly with school "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club team, and/or workouts.*