



## Men's Junior National Team East Camp

### 18U (born 1993 & 1994)

#### OPEN CAMP

This letter is to announce the beginning of the selection process for athletes born 1993 and 1994 for the Junior Men's National Team. We will hold two Identification and Selection Camps in February and March in the East and West respectively. The objective is to evaluate athletes in competition and in training. The top 30 athletes, at this moment, will be identified and asked to attend future selection and identification camp.

A joint East and West camp will be held after the 18U Men's National Club Championships May 3-5, 2010 in Halifax (details to follow at [www.waterpolo.ca](http://www.waterpolo.ca)). Proceeding the May camp, the National Team coaching staff will then identify and select 20 athletes for the Summer 2010 Centralization Program.

East Selection Camp details:

#### **February 22<sup>nd</sup> to 24<sup>th</sup>, 2010 East Camp:**

The camp will take place following the Nelson McDunnough Memorial Tournament in Dollard-des-Ormeaux, QC.

The camp will take place at the Claude Robillard Sports Centre (CCR) in Montreal, QC. Athletes will be responsible for making their own travel arrangements to and from Montreal before and after the camp. As of the evening of Sunday February 21<sup>st</sup>, all participating athletes will be placed in local accommodations, provided in town transportation to and from the hotel and camp venue (via Metro), and meals as of Sunday dinner until Wednesday breakfast. Athletes will be supervised by National Team Staff members.

Athletes will be staying at the Lord Berri Hotel (1199 Rue Berri, Montreal, QC, [www.lordberri.caom](http://www.lordberri.caom))

#### **Draft Training Schedule:**

**Sunday February 21<sup>st</sup>** immediately following the gold medal game, athletes will meet with Head Coach Scott Smith and National Team Staff members in which plans, programs, responsibilities, and expectations will be discussed.

# Water Polo Canada

Suite 12-1010 Polytek Court  
Gloucester, ON K1J 9H9

www.waterpolo.ca

tel: (613) 748-5682

fax: (613) 748-5777



Monday February 22 <sup>nd</sup>	8:00 – 10:00AM at CCR	water
	6:30 – 8:30PM at CCR	water
Tuesday February 23 <sup>rd</sup>	8:00 – 10:00AM at CCR	water
	6:30 – 8:30PM at CCR	water
Wednesday February 24 <sup>th</sup>	8:00 – 10:00AM at CCR	water (final workout)

There will be a brief meeting with the athletes following the final training session.

Athletes will be able to leave Montreal around 11:00AM Wednesday February 24<sup>th</sup>; however, we would suggest booking return flights after 1:00PM.

## Cost of Camp:

Athletes needing a hotel room: \$395.00

Athletes not staying at the hotel: \$320.00

Registration and payment deadline is February 5<sup>th</sup>, 2010

Please complete the attached Registration and Parental Consent forms and return by email to Neil Muir at [neilmuir@shaw.ca](mailto:neilmuir@shaw.ca)

Payment must be made by credit card. Please complete Credit Card Authorization Form below and send to [office@waterpolo.ca](mailto:office@waterpolo.ca) or fax to 613-748-5777.

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## **Permission Form:**

We (I) \_\_\_\_\_ & \_\_\_\_\_ give permission for

our son / daughter \_\_\_\_\_ to participate with the National Team Program.

Signed:

\_\_\_\_\_

Mother/Guardian

\_\_\_\_\_

Date

And/or

\_\_\_\_\_

Father/Guardian

\_\_\_\_\_

Date

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## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Street City Postal Code

Home # \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

## MEDICAL HISTORY

Name of person to contact in an emergency \_\_\_\_\_

Person's Phone # \_\_\_\_\_ Person's Cell # \_\_\_\_\_

2<sup>nd</sup> Person to contact in an emergency \_\_\_\_\_

Person's Phone # \_\_\_\_\_ Person's Cell # \_\_\_\_\_

Medical Card # \_\_\_\_\_ Province Registered \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Medications – Please Describe

\_\_\_\_\_  
\_\_\_\_\_

Asthma - Please Describe:

\_\_\_\_\_  
\_\_\_\_\_

Tendonitis or other chronic conditions - Please Describe Condition & Treatments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies - Please Describe:

\_\_\_\_\_  
\_\_\_\_\_

Previous Injuries – Please Describe:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: ALL Information is confidential.**

**- CARDHOLDER AUTHORIZATION FORM/ FORMULAIRE D'AUTORISATION DU TITULEUR DE CARTE -**

I/Je, \_\_\_\_\_

authorize/autorise \_\_\_\_\_  
(Company)

to charge the amount of \$/ de charger le montant de \$ \_\_\_\_\_

for the following services/ pour le service suivant

\_\_\_\_\_  
\_\_\_\_\_

to my/ à ma carte:

\_\_\_\_ Visa, \_\_\_\_ Mastercard, \_\_\_\_ Amex, \_\_\_\_ Diners/Enroute, \_\_\_\_ Discover:

Card # / # de carte \_\_\_\_\_ expiry date/ date  
d'expiration: \_\_\_\_\_

Name on card (please print)/ Nom sur la carte: \_\_\_\_\_

Cardholder Signature/ Signature du titulaire de  
carte: \_\_\_\_\_

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

Billing Address/ Address: \_\_\_\_\_

City/State/Prov / Ville/État/Province: \_\_\_\_\_

Zip/Postal Code Zip/ Code postal: \_\_\_\_\_

Telephone/ Téléphone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email/ Courriel: \_\_\_\_\_

**I/we are aware of any cancellation policies and agree not to dispute or attempt to Chargeback any of the above signed for and acknowledged charges / Je/nous sommes conscients de n'importe quelle polices d'annulation et nous agréons de ne pas disputer ou tenter de re-charger ce qu'il y a ci-dessus**

\_\_\_\_\_  
**Cardholder initial / Initiale du titulaire de carte**

**I/we have attached a legible copy of the front of the card to be used in lieu of a credit card imprint. If the charge detailed above is over \$50,000 I/we have attached legible copy of photo ID in addition to the front of the card to be used./ Je/nous avons attaché une copie lisible du devant de la carte pour être utilisé au lieu d'une empreinte de carte de crédit. Si le montant est supérieur à 50 000\$, je/nous avons attaché une copie lisible du devant de ma carte d'identité pour être utilisé.**

\_\_\_\_\_  
**Cardholder initial/ Initiale du titulaire de carte**