



# P.A.C.E. CLINIC

SUNDAY, NOVEMBER 15, 2009, AT SANTA MARGARITA CATHOLIC HIGH SCHOOL IN RANCHO SANTA MARGARITA, CA

## REGISTER NOW!

USA Water Polo will be hosting a P.A.C.E. Clinic at Santa Margarita Catholic High School in Rancho Santa Margarita, California, on Sunday, November 15, 2009. The one-day clinic is designed to introduce coaches and **male** athletes to the USA "System of Play" in a fully interactive setting. All education and instruction will be provided by **Men's Senior National Team** athletes and the Men's Senior National Team coaching staff including Head Coach, **Terry Schroeder**. The P.A.C.E. Clinic is open to coaches of all ages, and to male athletes between the ages of 10-18 years old with at least one season of water polo experience. There is a limit of 100 participants and USA Water Polo membership is required. Following the clinic, participants are encouraged to stay for the Q&A Session. For information on the cancellation policy, please visit the USAWP website. \*Note, the pool is located at the back of the school and participants should use the back lot for parking.

### Program Details:

9:30am-10:00am Registration  
10:00am-12:00pm Session 1  
12:00pm-12:30pm Break  
12:30pm-2:30pm Session 2  
2:30pm-3:00pm Snack and Q&A Session

### PLEASE SEND REGISTRATION FORMS TO:

USA Water Polo, Attn: P.A.C.E. Programs  
2124 Main Street, Suite 240  
Huntington Beach, CA 92648  
Fax: (714) 960-2431

### QUESTIONS?

Email us at [pace@usawaterpolo.org](mailto:pace@usawaterpolo.org)

## P.A.C.E. CLINIC REGISTRATION FORM NOVEMBER 15, 2009

**Early Registration by 11/5: \$100**  
*includes clinic, t-shirt, snack, and Q&A Session*

**Late Registration after 11/5: \$125**  
*includes clinic, t-shirt, snack, and Q&A Session*

I would like to order # \_\_\_\_\_ Men's Olympic Team Photo(s) (can be used for autographs during Q &A); \$5 each (pre-sale only)

**PAYMENT OPTIONS** Total Amount Enclosed: \$ \_\_\_\_\_

Check Enclosed (payable to USA Water Polo)  Visa  MasterCard

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Print Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Sex: M / F Zone: \_\_\_\_\_

Address \_\_\_\_\_

Year of Birth: \_\_\_\_\_

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

Day phone \_\_\_\_\_

Email \_\_\_\_\_

USAWP Memb. # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

**Participants Agreement:** I hereby agree to all terms, conditions and policies set forth regarding P.A.C.E. programs and have read and understand the information as noted above including the format and schedule of the program. Additionally, I agree to allow United States Water Polo to use my image in film and photographs from any and all P.A.C.E. programs to be used for media and development purposes and hereby waive my right and my assignees to collect any profit involving the use of my image.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/  
Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**T-shirt Size:** Small Medium Large XLarge XXLarge

**Position:** Goalie Center Attacker Defender Coach

### COACH ONLY SECTION BELOW

Yrs Coaching: \_\_\_\_\_

Where do you coach?: \_\_\_\_\_