

# Hungarian Water Polo Clinic

Jul. 6-12, 2009

At the

**Pool of the Birmingham Groves**

**High School**

20500 West Thirteen Mile Road

Beverly Hills, MI 48025

**Presented by Edge Water Polo, LLC**

## COACHES:

### Head Coach:

**Laszlo Hruza:** Over 10 years of experience training and playing with and against the world's best water polo players in the world's toughest Water Polo Leagues and Cups. Head Coach of the 2008 National Champions Michigan State University Men's Water Polo Team. Coached 2008 National MVP and both 2008 Men's and 2009 Women's Big Ten MVP's. In 2008, assisted the U16 Hungarian Women's National Team.

### Assistant Coaches:

**Jared Swider:** was recognized with 2<sup>nd</sup> team All Big Ten and 2<sup>nd</sup> team all CWPA in 2006 (as a goalie) and 2<sup>nd</sup> team All Big Ten in 2008 (as a defensive player)

**Ben Shantz:** 1<sup>st</sup> team All Big Ten, 2<sup>nd</sup> team all CWPA in 2008 and Team Captain of the 2009 Michigan State University Men's Team

**Carly Boudah:** 1<sup>st</sup> team All Big Ten and MVP of the Big Ten Tournament in 2009 and Captain of the Michigan State University Women's Team

**Andrew Olesnavich:** Team Captain of the 2009 Michigan State University Men's Team

**Eddie Rogers:** One of the best (left handed) all around players of the Michigan State University Men's Team

**Jake Marsh:** 2008 Freshman of the Year, currently playing in Hungary in the U18 First Division

***What we are trying to accomplish:***

With this clinic, we will help players with their basic skills and techniques focusing on fundamentals such as; body positioning, passing, shooting as well as playing different positions. In this clinic we will accomplish this by concentrating on the players in small groups broken down by skill level and then placing players into even smaller groups by positions or a specific drill focusing on the needs of the each person. We will also video tape each participant and review and analyze their technique. This way every player will get the highest level of individual attention to help bring out the best in them.

**We offer 4 groups:**

JV Girls (Novice level)

JV Boys (Novice level)

Varsity Girls (Advanced)

Varsity Boys (Advanced)

We will accept up to **20** players (16 field and 4 goalies) to each group so we can provide as much attention to every player as possible. Therefore, sign-up is on a first come first serve basis.

**JUL 6<sup>th</sup> -12<sup>th</sup> - 7 days Clinic**

Monday to Sunday

For Varsity Monday to Saturday 9AM-5PM (Lunch and Snacks Included)

Sunday 9AM-1PM (Snacks included)

For Junior Varsity Monday to Saturday 10AM-6PM (Lunch and Snacks Included)

Sunday 10AM-2PM (Snacks included)

Cost: \$380

# APPLICATION

For the

## 2009 Hungarian Water Polo Clinic

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This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. **By signing this form the participant affirms having read it.**

Name \_\_\_\_\_  
Last First Birth Date Age Gender

**Contact Information:**

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Water Polo playing experience** (# of season(s)) \_\_\_\_\_ **Position played:** Goalie – Field \_\_\_\_\_

**Highest Competition Level:** Junior Varsity – Varsity (please circle one only)

Please mail complete Application, Medical Release form and check to:

Edge Water Polo, LLC

36231 Grand River Ave #204

Farmington, MI 48335

**Term and Conditions:** First come first serve (first 20/ group). No refund after June 20<sup>th</sup> unless clinic is canceled.

Cancellation if not enough players enroll by July 1 – we will issue full refund. We reserve the right to refuse and/or kick out players for bad behavior (in that case no refund applies). We only provide lunch from Monday to Saturday and snacks for all 7 days, (participants with special dietary needs will have to arrange their own meals).

We need to receive both documents and the payment to consider someone an applicant (Application, Medical Release Form and the Payment of \$380). We are only accepting payments by check, money order, cashier check.

For any additional information, please contact:

**Coach Laszlo Hruza**

via e-mail: [msuwaterpolo@yahoo.com](mailto:msuwaterpolo@yahoo.com) or by phone# 248-478-0992

# WAIVER AND MEDICAL RELEASE FORM

For the

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This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. **By signing this form the participant affirms having read it.**

Name \_\_\_\_\_  
Last First Birth Date Age Gender

### Primary Contact: Parent or Guardian

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

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

### Secondary Contact: \_\_\_ Parent/Guardian \_\_\_ Other

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

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Primary Insurance Co. \_\_\_\_\_ Primary Group/Policy # \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Please elaborate on any medical conditions of which we should be aware:

Any medications currently being taken:

Any allergies:

If None, please write None.

### Parent or Guardian of Athletes under 18 years of age.

Participant, \_\_\_\_\_, has my permission to participate in the water polo clinic activities organized by Edge Water Polo, LLC. I approve of the staff who will be in charge of this clinic. I hereby authorize the staff to act for me according to their best judgment in any emergency requiring medical attention for the participant named above. And I hereby waive and release the School District, the athletic department, and clinic staff members from any and all liability for any injuries or illnesses incurred while at the clinic. I understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such costs. I further understand that I am required to maintain and carry accident insurance coverage for the person listed on this application and verify that the coverage information is accurate and true. I have no knowledge of any physical or mental impairment that would affect the above named applicant's participation in the water polo clinic.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Participant

Signed \_\_\_\_\_ Relationship: \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian