



# 2018 Summer Swim Team



**California Dolphin Swim Team (CDST)** is one site of **East Bay Aquatics (EBA)**. We are a USA Swimming Year-round competitive swim team offering high quality professional coaching and technique instruction for all ages and abilities. We are the biggest swimming association in the east bay.

CDST Summer Team is a seasonal program and it is a great way to improve swimming technique and try semi-competitive swimming in a fun and friendly environment.

- ▶ Professional Coaching Team
- ▶ Participation in the USA Swimming Meets
- ▶ Diversity Groups for All Levels
- ▶ Variety Locations and Schedules
- ▶ Free Gift for Every Swimmer

**Time:** June 18 to August 12, 2018

**Cost:** Training Fee \$350  
USA swimming Registration \$45

**Free Tryouts on Fridays**

**Dates:** 5/18, 5/25, 6/1, 6/8, 6/15

5pm at James Logan High School's Pool

**Spaces are limited!** Contact below number or email to register for FREE tryouts & More info

**510-509-8659**

**CDSTsummerteam@yahoo.com**



## 2018 CDST Summer Team Registration

### SWIMMER INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Gender: \_\_\_Female \_\_\_Male

Age: \_\_\_\_\_ DOB \_\_\_\_\_

Returning Swimmer? \_\_\_Yes \_\_\_No

*If you are a returning swimmer, you are not require to do the tryouts.*

### PARENTS INFORMATION

Name(s) \_\_\_\_\_ Phone# \_\_\_\_\_

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

Email(*PRINT CLEARLY FOR YOUR CONFIRMATION*) \_\_\_\_\_

### PRATICE OPTIONS

*Practice schedule and dates may changes due to pool availability*

\_\_\_\_\_ **Weekday Group A - (6/18-8/9)**

- Newark Memorial High School
- 39375 Cedar Blvd, Newark 94560
- Monday to Thursday, 8 weeks
- 3:45pm to 4:45pm
- Training Fee: \$350

\_\_\_\_\_ **Weekday Group B - (6/18-8/9)**

- Newark Memorial High School
- 39375 Cedar Blvd, Newark 94560
- Monday to Thursday, 8 weeks
- 4:45pm to 5:45pm
- Training Fee: \$350

\_\_\_\_\_ **Weekend Group C - (6/22-8/12)**

- James Logan High School
- 33901 Syracuse Ave, Union City 94587
- Friday, Saturday & Sunday, 8 weeks
- 6:00pm to 7:30pm
- Training Fee: \$350

\_\_\_\_\_ **Weekend Group D - (6/18-8/9)**

- Treeview Swim Club
- 301 Gresel St, Hayward 94544
- Monday to Thursday, 8 weeks
- 8:00am to 9:00am
- Training Fee: \$350

### POLICIES(Please initial)

\_\_\_\_\_ *I understand that fees are not refundable after the first practice and that make up practices will not be offered, unless practices are cancelled by CDST due to unforeseen pool problems. In the event that CDST cancels practice, a make up practice may be held on an alternate date, time, and/or location.*

\_\_\_\_\_ *I understand that all CDST summer team swimmer must register under USA Swimming.*

\_\_\_\_\_ *I understand that CDST reserves the right to cancel and refund all money in the event of an unforeseen circumstance.*

\_\_\_\_\_ *I understand that CDST charges \$25 for Not Sufficient Funds(NSF) check.*

\_\_\_\_\_ *I understand that I am welcome to watch practice from the stands and that I should not interrupt a coach during practice, unless I have an emergency.*

### PAYMENTS (Please check the boxes)

- Check# \_\_\_\_\_ \$350 Training Fee\* for Group A or B or C or D, payable to **CDST**
- Check# \_\_\_\_\_ \$595 Training Fee for Intense/Flexible program\*\*, payable to **CDST**
- Check# \_\_\_\_\_ \$45 USA Swimming Registration Fee, payable to **Pacific Swimming**

*\*No sibling discount for Summer Team programs*

*\*\* Intense/Flexible program allows a swimmer to choose more than one or all groups(A,B,C,D) to practice*



## EMERGENCY INFORMATION AND WAIVER

Swimmer's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

IN CASE OF EMERGENCY, The following person may be contacted if the parents cannot be reached:

Individual	Relationship	Phone

### **HAS YOUR CHILD**

1. Had more than a brief minor illness or injury in the past year? \_\_\_\_\_
2. Had any allergies or illness? \_\_\_\_\_
3. Been taking any medications or medical treatment? \_\_\_\_\_

*If you answered, "YES" to any of the above, questions please "SPECIFY" by attaching a letter.*

### **PARTICIPATION PERMISSION AND WAIVER**

I, the undersigned, certify that I am the parent or guardian of the above named child, that /he/she is in good physical condition and I give my child permission to participate in the 2018 CDST Summer Swim Team. I am aware that attending or participating in this activity involves risk of injury. I voluntarily accept to assume all risk from attending or participating in these activities. In consideration of being permitted to participate in this activity, I agree, on behalf of myself and my child, our heirs, personal representatives and assignees, not to make any claim against or sue the Newark Memorial High School, James Logan High School, The Newark Unified School District, The New Heaven Unified School District and/or their employees, officers, directors, agents, (collectively referred to as the "RELEASED PARTIES") for any injury or damage to my child or myself arising from the negligence, or other acts, however caused, of the Released Parties. In addition, I release and discharge the Released Parties for all actions, claims or demands that I or my child, our heirs, personal representatives or assignees, have or may hereafter have for personal injuries to my child/children or myself, or property damage resulting for the activities described above. This release includes injury or damage caused by negligence, active or passive, or other actions of the released parties. In case of a minor emergency (cuts, scratches, headache, etc.), I give permission to the CDST Coaches to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by CDST coach until I am able to be contacted.

**TO THE ATTENDING PHYSICIAN OR HOSPITAL:** Permission is hereby granted for you at the discretion of the coaches of CDST to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally. I, the undersigned parent hereby give permission for any necessary medical care to be given to my child in the case of accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

I have carefully read this agreement. I understand this is a complete release of all liability, as well as a promise not to sue or make a claim.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_