

**DACA PRE-COMPETITIVE SWIMMING
AT SARATOGA HIGH SCHOOL**

WINTER 2010 GENERAL INFORMATION

Sponsor: De Anza Cupertino Aquatics/DACA (408) 253-7946

Location: Saratoga High School
20300 Herriman Ave., Saratoga, CA 95070

Parking: Free

Cancellation & Refund/Credit Policy:

Cancellations must be made prior to the beginning of a new session for a full refund of fees. Once a session has begun, fees will be prorated as of the week following the refund or credit request. A \$25.00 processing fee will be charged for cancellations after the session starts. **No refunds will be issued for cancellations during the final three weeks of a session.**

Make-up Policy:

There will be no make-ups for missed classes unless cancelled by DACA.

DACA Pre-Competitive Policy

- A \$25.00 processing fee will be assessed for **any** class changes.
- Any credit balance for swimmers transferring from DACA Swim School to the Pre-Competitive Program will be applied to the Pre-Competitive fees.
- **Withdrawal:** To withdraw from the program, DACA must be notified via e-mail, fax , or US mail using the Withdrawal Form available at www.daca.org. Refunds or credits will be effective the week following DACA's receipt of the notification. Refunds and credits will be calculated weekly
- Pre-Competitive classes are generally held in all conditions. Severe weather may result in classes being cancelled. Check the home page of the DACA website (www.daca.org) if you are unsure.
- There are no refunds, credits or make-ups for missed classes due to severe weather conditions, lightening, or any other reason out of DACA's control.
- DACA reserves the right to cancel or re-schedule classes that do not meet a minimum of two students.
- Need based financial aid is available. Please contact the DACA office for an application at (408) 253-7946.

DACA PRE-COMPETITIVE SWIMMING

The Pre-Competitive program is for children ages 6-13. It is an introductory program designed to improve each swimmer's basic stroke and turn technique in preparation for the DACA Competitive Team. Sessions are offered year-round - Fall, Winter, Spring, and Summer. Classes are held two days per week, Monday and Wednesday or Tuesday and Thursday, for 30 minutes. The advanced level class is 40 minutes two days per week. The maximum class size is 7 swimmers per class. Swimmers must be comfortable in deep water, able to swim 25 yards freestyle (with side breathing) and backstroke to be considered for the program. Swimmers are assigned to a class level based on ability and age. The following are the Pre-Competitive Class Levels (novice to advanced):

Shark 1
Shark 2
Dolphin
Emerald

New Swimmers: *New swimmers must be evaluated prior to registration.* Evaluations will be held at Saratoga High School Pool at 7:00 PM on Dec. 9, Jan. 20, Feb. 3, Feb. 17, Mar. 3, and Mar. 17. No appointment necessary.

2010 WINTER CLASS SCHEDULE

January 6 – March 16

M/W or T/TH 5:30-6:00 PM Shark 1, Shark 2, Dolphin
M/W or T/TH 6:00-6:30 PM Shark 2, Dolphin
M/W or T/TH 6:30-7:00 PM Shark 2, Dolphin
M/W or T/TH 7:00-7:30 PM Shark 1, Shark 2, Dolphin

M/W or T/TH 5:30-6:10 PM Emerald
M/W or T/TH 6:10-6:50 PM Emerald
M/W or T/TH 6:50-7:30 PM Emerald

- M/W Classes begin on *Wednesday, January 6*
- T/TH Classes begin on *Thursday, January 7*
- *No Classes held on Monday, February 15 & Tuesday, February 16 (President's Day)*

WINTER 2010 FEES:

Shark 1, Shark 2, Dolphin: \$228.00

Emerald: \$247.00

**HOW TO ENROLL FOR DACA PRE-COMPETITIVE
AT SARATOGA HIGH SCHOOL**

WINTER 2010

January 6 – March 16

If you are a current Fall Pre-Competitive swimmer, we will begin processing registrations on **Monday, December 14**. If you are a current DACA Swim School patron, returning Pre-Competitive swimmer, or a sibling of a current swimmer, we will begin processing registrations on **Friday, December 18**. If you are a new swimmer, we will begin processing registrations on **Tuesday, December 22**. ***New swimmers must to be evaluated before registering for the program (see evaluation dates below)***. Registrations will be processed in the order listed above on a first come, first serve basis.

Registration forms must be completely filled out (including birth date, phone number, parents names, level, Payment Option form, Medical & Emergency form, DACA Waiver form, parent/guardian's signature, and date) with payment attached, to insure the proper placement of each swimmer. Incomplete information will delay the processing of applications. DACA reserves the right to cancel or re-schedule classes that do not meet a minimum of two students. The maximum class size is 7 swimmers per class.

Registration forms MUST BE MAILED

To:

DACA Pre-Comp. Program, 1080 S. De Anza Blvd. San Jose, CA 95129

**CONFIRMATION OF ENROLLMENT
Confirmation will be mailed by Tuesday, December 29**

EVALUATION INFORMATION

No appointment is necessary. *Evaluations are mandatory for new swimmer placement in the DACA Pre-Competitive program.*

Upcoming evaluations are:

Dec. 9, Jan. 20, Feb. 3, Feb. 17, Mar. 3, and Mar. 17 at 7:00 PM at Saratoga High School Pool. Swimmers must be comfortable in deep water, able to swim 25 yards freestyle and backstroke to be considered for the program.

De Anza Cupertino Aquatics ~ 1080 S. De Anza Blvd. ~ San Jose, CA 95129 ~ (408)253-7946
www.daca.org

**DACA PRE-COMPETITIVE
WINTER 2010 REGISTRATION FORM
AT SARATOGA HIGH SCHOOL**

NAME _____
Last
First
MI

ADDRESS _____

CITY _____ ZIP _____

DATE OF BIRTH ____/____/____ SCHOOL _____ SEX: M F

PARENT NAME _____
Last
First

HOME PHONE: (____) _____ CELL/WORK PHONE: (____) _____

EMAIL: _____

| | LEVEL | DAYS | TIME |
|----------------------|-------|------|------|
| FIRST CHOICE | | | |
| SECOND CHOICE | | | |
| THIRD CHOICE | | | |

CLASS FEE: (PRE-COMP: \$228.00, EMERALD: \$247.00) _____

TOTAL: CHECK PAYABLE TO DACA or Credit Card option (see below)= _____

- **Complete the Payment Option form for Credit Card payments.**

CURRENT DACA SWIM SCHOOL AND PRE-COMPETITIVE STUDENTS ONLY:
 FALL 2009 LEVEL: _____ DAYS: _____ TIME: _____

EVALUATION IS REQUIRED FOR NEW STUDENTS.

I have read and agree to the general and written policies of the DACA Pre-Competitive Program.

Parent/Guardian's Signature: _____

Date: _____

Payment Option Form

Parent/Guardian's Name: _____

Swimmer(s) Name: _____

Phone Number: _____

Please Select Credit Card:

MasterCard: _____ Visa: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Name as it appears on the card: _____

Payment Details:

- All payments will be charged upon enrollment.
- The Payment Option Form must be completed before enrollment.
- A \$50.00 handling charge will be assessed for declined credit card charges. If a credit card payment is declined, you may be required to make a payment by Cashier's Check or Money Order.
- There will be no make-ups for missed classes unless cancelled by DACA.

Withdrawals: To withdraw from the Pre-Competitive program, DACA must be notified using the [Withdrawal Form](#). Withdrawal forms are available on the DACA website at www.daca.org. A \$25.00 cancellation fee will be assessed for withdrawals after the session has begun. Refunds and credits will be calculated weekly.

Authorization: I have read and agree to the general and written policies as stated above. I understand that by signing this form I am entering into a legally enforceable agreement with DACA.

I authorize DACA to charge my credit card.

Cardholder Signature: _____

DACA MEDICAL & EMERGENCY INFORMATION

General Information

| | |
|--|-------------------------|
| Swimmer's Name: _____ <i>Last</i> <i>First</i> | |
| Address: _____ <i>Street</i> <i>City</i> <i>Zip</i> | Phone (H): (____) _____ |
| Parent/Guardian's Name: _____ | Phone (W): (____) _____ |
| Parent/Guardian's Name: _____ | Phone (C): (____) _____ |
| If my child needs to go home because of illness or accident and I cannot be reached, please call: | |
| Name: _____ Phone: (____) _____ | |

Medical Information

Is your child taking any medications? (e.g., insulin, sedative, tranquilizer, or anti-convulsive drug) _____
If yes, please explain (use additional sheets if necessary.):

Does your child have a chronic medical condition? (e.g., heart disease, diabetes, allergies, asthma, or convulsive disorder) _____
If yes, please explain:

Is your child severely allergic to a bee sting? _____ If yes, what specific action should be taken?

IN AN EMERGENCY, if the Coach is unable to reach me, I hereby give my consent for treatment to be given by:

Doctor: _____ Address: _____ Phone: (____) _____

Dentist: _____ Address: _____ Phone: (____) _____

Insurance Carrier: _____ Group/I.D. #: _____

If the doctor/dentist named above cannot be reached, please take my child to the nearest emergency station, by ambulance if required, for treatment. By my signature, I authorize any medical provider to give all necessary medical care to my child. I agree to assume full responsibility for the costs of any treatment provided.

Date: _____ Signature of Parent/Guardian: _____

DACA WAIVER AND RELEASE OF ALL LIABILITY

I, _____, on behalf of myself and my child, _____, have voluntarily requested to participate in the DeAnza Cupertino Aquatics (“DACA”) swim lessons and/or swim team (hereinafter, “the Activity”). I am aware that attendance or participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that attendance or participation in the Activity could result in personal injuries, including death, and property loss or damage. I voluntarily accept and assume all risk from attending or participating in the Activity.

In consideration of being permitted to participate in the Activity, I agree, on behalf of myself, my spouse, dependents, heirs, personal representatives, and assignees, to hold DACA and its employees, officers, directors, shareholders, insurers, agents, contractors and servants, members and board members (collectively referred to as the “Released Parties”) harmless from any and all liability, actions, claims and demands of every kind and nature that may arise out of the Activity to the maximum extent permitted by law. Therefore, I am agreeing not to sue the Released Parties for any personal injury or property damage, even if Released Parties’ negligence contributed to the injury or damage, resulting from my child’s and/or my attendance or participation in the Activity.

I agree to release DACA from all claims, whether known or unknown. Therefore, I specifically waive Section 1542 of the California Civil Code, which reads as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

The provisions of this waiver form are severable and if any one or more provisions are determined to be unenforceable, in whole or in part, the remaining provisions and partially enforceable provisions shall be binding and enforceable.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT RELEASES DACA AND OTHERS FROM ALL LIABILITY RELATED TO MY AND MY CHILD’S ATTENDANCE AND PARTICIPATION IN SWIM LESSONS AND/OR SWIM TEAM.

Name of Participant/Child

Date

Signature of Parent/Legal Guardian