

**DACA REGISTRATION FORM**

**SARATOGA HIGH SCHOOL**

Are you a returning swimmer at DACA?	Yes _____	No _____
Do you have a sibling in any DACA program?	Yes _____	No _____
Are you transferring from another swim club?	Yes _____	No _____

**MEMBERSHIP BEGINS THE MONTH YOUR APPLICATION IS ACCEPTED  
DACA DOES NOT PRORATE MONTHLY FEES**

**Please send To: DACA ~ 1080 S. De Anza Blvd. ~ San Jose, CA ~ 95129**

**Swimmer's Name:**

\_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Birth date: \_\_\_\_\_  
*Last First Middle Circle mm/dd/yy*

Note: Middle name or initial is required for USA Swimming registration number.

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Swimming Experience:** Team Name: \_\_\_\_\_ USA Swimming Athlete ID # \_\_\_\_\_  
*Copy of USA ID card must be included*  
Last Date of Competition \_\_\_\_\_

Family Address: \_\_\_\_\_  
*Street City Zip*

**Parent/Guardian's Name:** \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_  
*(Required)*

**Parent/Guardian's Name:** \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_  
*(Required)*

See Team Structure Information Sheet enclosed to determine times offered and indicate your choice

<b><u>Please complete and sign the following forms:</u></b>
___ <b>DACA Registration Form</b>
___ <b>DACA Membership Agreement</b>
___ <b>DACA Waiver and Release of All Liability</b>
___ <b>DACA Medical and Emergency Information Form</b>
___ <b>DACA Payment Option Form</b>
___ <b>DACA Service Agreement Form</b>
___ <b>DACA Team Structure Form</b>

## **DACA MEMBERSHIP AGREEMENT**

With my payment of the swimmer registration fee entitling my designated child or children to participate in the competitive swim program of De Anza Cupertino Aquatics (DACA), I agree to abide by the regulations and policies of DACA as set forth in the by-laws of the corporation. I understand that it is my responsibility to read and familiarize myself with all of the following rules and regulations.

Specifically, I agree to adhere to the following established payment policies:

1. **Monthly Dues** – Monthly dues must be paid on the first business day of each month as agreed to in the Payment Option Form. A \$25 late/decline charge will be assessed if dues are not collected by the first of the month. Uncollected balances must be rectified by the fifth of the month. When joining DACA after the first of the month, all fees (current month, next month, and registration fees) will be charged on the first of the following month.

Thereafter, each month all active families will receive a Billing Summary the week of the 21<sup>st</sup>. Details can be reviewed by logging into your Team Unify account. The charges will occur on the first business day of the following month.

A Payment Option Form is included in DACA's registration packet. All attached forms **MUST** be submitted with your packet. Please do not include a check.

2. **DACA does not pro-rate fees for partial months.**
3. **Registration Fee** – An annual US Swimming membership registration fee is required of all competitive team swimmers. Registration fees are per calendar year (Jan-Dec). Fees for swimmers joining DACA in the last quarter of any calendar year will apply to the subsequent year.
4. **Registration Fee Renewal** – US Swimming membership renews annually. Registration fees will be charged to active swimmers accounts in January.
5. **Perpetual Swim Program** – DACA is an ongoing swim program. Membership will continue until DACA receives a Withdrawal Form (online). An active swimmer need not re-register each September.
6. **Withdrawal** – Withdrawal Forms (available at [www.DACA.org](http://www.DACA.org)) must be submitted electronically, by fax or by mail. *A Withdrawal Form must be received no later than the 21<sup>st</sup> of the month to avoid being charged for the following month. There are no exceptions. Phone notification is not a valid form of notification.*
7. **Returning Swimmers** – To return to DACA, a completed Returning Competitive Registration Packet must be received. Swimmers will be placed based on space availability. Forms are available at [www.DACA.org](http://www.DACA.org).
8. **National Group** – Once a commitment is made to the National Team, dues are payable each month. Personal appointments, vacations, and other activities must not interfere with the National team practice and meet schedule. National Team swimmers withdrawing and returning in the same season are responsible for monthly fees missed.

DACA reserves the right to terminate the membership of any member whose actions are considered detrimental to DACA's welfare as set forth in the organization's by-laws.

I agree that upon withdrawing from DACA, our account will be paid in full prior to my child's departure from the team. I have read and agree to the general and written policies as stated above.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

# DACA WAIVER AND RELEASE OF ALL LIABILITY

I, \_\_\_\_\_, on behalf on my child, \_\_\_\_\_, have voluntarily requested to participate in the De Anza 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

## **DACA MEDICAL EMERGENCY INFORMATION**

Medical emergency information is required. Please do not leave any spaces blank. If the Participant does not have insurance or a primary care physician/health care provider, please write "None."

**Swimmer's Name:** \_\_\_\_\_  
*Last* *First*

**Address:** \_\_\_\_\_  
*Street* *City* *Zip*

**Parent/Guardian's Name:** \_\_\_\_\_

**Phone (H):** \_\_\_\_\_ **Phone (C):** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Phone (H):** \_\_\_\_\_ **Phone (C):** \_\_\_\_\_

**If I cannot be reached, please call:**

**Name:** \_\_\_\_\_ **Phone (C):** \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Patient ID No.: \_\_\_\_\_

Group ID No.: \_\_\_\_\_

Primary Care Physician/Health Care Provider Information:

\_\_\_\_\_  
Name of Physician/Health Care Provider

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Telephone Number(s)

Is there any additional emergency information you would like us to have? [For example: specify insect, animal or food allergies; etc.]: \_\_\_\_\_

\_\_\_\_\_  
In an emergency, I consent to having the De Anza Cupertino Aquatics organization provide immediate care to Participant [student or adult swimmer] and/or contact emergency personnel (911) to provide emergency treatment and/or transport to the nearest emergency facility.

By my signature, I authorize any medical provider to give all necessary medical care to Participant [student or adult swimmer]. I agree to assume full responsibility for the costs of any treatment provided.

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

\_\_\_\_\_  
Printed Name of Parent/Guardian/Adult Swimmer

\_\_\_\_\_  
Signature

# **PAYMENT OPTION FORM**

## **Automated Payments Required Please do not attach a Check**

Parent/Guardian's Name: \_\_\_\_\_

Swimmer(s) Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number (alt): \_\_\_\_\_

### **Please select payment option:**

#### **Automatic Debit Request from Credit/Debit Card**

\_\_\_\_ **Master Card**

\_\_\_\_ **VISA**

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing Address (if different from Family Address):

\_\_\_\_\_

<i>Street</i>	<i>City</i>	<i>Zip</i>
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**Payment Details:** All payments will be charged on the first business day of each month.

Upon registration, a charge for the current month will be made on the first of the next month. This charge will include the current month's dues, the next month's dues and the annual registration fee (if applicable).

The Payment Option Form must be completed before entering the pool. We do not offer make-ups, refunds or credits for missed practice.

**A \$25 handling charge will be assessed on each declined Automatic Debit transaction. Uncollected balances must be rectified by the fifth of the month. If a debit payment is declined, you may be required to make the payment by Cashier's Check or Money Order. If payments are declined three times, automatic debit transaction privileges will be cancelled.**

Each month all active families will receive a Billing Summary the week of the 21<sup>st</sup>. Details can be reviewed by logging into your Team Unify account. The charges will be debited from your bank account or credit card automatically on the first business day of the following month.

***Withdrawals Details: A Withdrawal Form must be received no later than the 21<sup>st</sup> of the month to avoid being charged for the following month. There are no exceptions. Withdrawal Forms are available at [www.DACA.org](http://www.DACA.org).***

**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 debit my credit/debit card on the first business day of every month.

Cardholder Signature: \_\_\_\_\_

## 2011 – 2012 DACA SERVICE OBLIGATION POLICY

To ensure that DACA swimmers have the opportunity to participate in competition, DACA must host swim meets. In addition, DACA is required to provide personnel for additional DACA attended meets. Swim meets cannot run without family participation.

Your willingness to serve will have a great impact on your child's athletic environment and love of swimming. There are many opportunities to get involved including officiating, timing, and swim meet preparation/hosting.

### Service Obligation Hour Breakdown

Obligation hours are assigned on a per family basis. Families with swimmers who are active throughout the entire 12 month swimming year may complete their service obligation at any time within the swim year. The DACA Service obligation for 2011 – 2012 swimming year (September 2011 – August 2012) is as follows:

- **Yellow, Orange, Jr. Varsity, and Varsity Groups:** *\*8 OBLIGATION HOURS.*
- **White, Blue, and Senior Groups:** *\*12 OBLIGATION HOURS.*
- **Gold and Development Groups:** *\*16 OBLIGATION HOURS.*
- **National Group:** *\*30 OBLIGATION HOURS.*

\*\*The service obligation is required of ALL DACA FAMILIES, irrespective of a swimmer's participation in swim meets\*\*

I have read and agree to the general and written policies as stated above.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

# **ADDITIONAL SERVICE OBLIGATION INFORMATION**

## • **Families Enrolling Mid-Season or Withdrawing Mid-Season**

- The Swimming year is broken into 2 periods.
  - **Period 1** – September 2011-February 2012
    - Yellow, Orange, Jr. Varsity, and Varsity Groups – 4 Hours.
    - White, Blue, and Senior Groups – 6 Hours.
    - Gold and Development Groups – 8 Hours.
    - National Group – 15 Hours.
  - **Period 2** – March 2012-August 2012
    - Yellow, Orange, Jr. Varsity, and Varsity Groups – 4 Hours.
    - White, Blue, and Senior Groups – 6 Hours.
    - Gold and Development Groups – 8 Hours.
    - National Group – 15 Hours.
- Families withdrawing from DACA WILL BE RESPONSIBLE for hours not served, dependent upon their start and/or withdrawal date. Families active during Period 1 and withdraw prior to the start of Period 2 will be responsible for Period 1 hours only. Families joining during Period 2 will be responsible for Period 2 hours only.
- **EXAMPLES:**
  - A swimmer that participates in the Yellow Group through November and withdraws from the program in December will be responsible for Period 1 hours only (4 Hours).
  - A swimmer in the Blue Group who begins participation in November and swims through April will be responsible for both Period 1 and Period 2 hours (12 Hours).
  - A swimmer in the White Group who begins participation in April and swims through July will be responsible for Period 2 hours only (6 Hours).

## • **Families with Multiple Swimmers**

- Service Obligation Hours are assigned on a per family basis.
- Service Obligation Hours for families with multiple swimmers are based upon the swimmer participating in the highest level group.
- **EXAMPLE:**
  - A family with 1 swimmer in the Yellow Group and 1 swimmer in the Gold Group will have a Service Obligation of 16 hours (Gold Group).

## • **Service Hours and Group Changes**

- Service Hours are determined by the group a swimmer begins with in September, 2011, regardless of any changes in group level throughout the 2011-2012 Swimming Year.

## • **Receiving Credit for Service Obligation Hours**

- Service Hour sign-ups are made available online at [www.dacaswimteam.org](http://www.dacaswimteam.org).
- Families will be notified via e-mail when Service Hour sign-ups become available for a particular event.
- On the day of the event, Families **must check in** with the DACA Service Coordinators no less than 10 minutes prior to the start of their shift. At the conclusion of their shift they **must check out** in order to receive credit.
- Service Hour credits will be posted online at <http://dacaswimteam.org> within 1 week following the event.
- Service Hour credit will not be given for unassigned service positions unless approved by the coordinator as needed.
- Families may also elect to buy out their service obligation at a rate of \$50.00 per hour

**\*\*\*There is a \$50.00 “no show” penalty for pre-assigned hours. Service Obligation Hours still apply\*\*\***

**UNWORKED SERVICE OBLIGATION HOURS WILL BE BILLED AT A RATE OF \$50.00 PER HOUR**

## Saratoga High School Team Structure Form

**Director/Head Coach: Pete Raykovich**

**Head Coach: Tammy Hopkins**

**DACA Swim School Director/Coaching Support: Jerry Koch**

SELECT YOUR GROUP BY CIRCLING YOUR GROUP/TIME OF CHOICE.

An annual Registration Fee of \$85 is required (this fee is not applicable to current USA Swimming members).

<u>Group</u>	<u>Time</u>	<u>Coach</u>	<u>Location</u>	<u>Rate</u>
<b>Development</b>	Mon-Fri 4:30-6:30 PM Sat TBA	Christian Bonner	Saratoga High School	\$225
<b>Senior</b> (High School Ages)	Mon-Fri 3:30-5:30 PM Sat TBA	Trent Larsen	Saratoga High School	\$225
<b>Varsity 1</b> (High School Ages)	Mon-Thurs 3:30-4:30 PM	Trent Larsen	Saratoga High School	\$105
<b>Varsity 2</b> (High School Ages)	Mon-Thurs 6:30-8:00 PM Fri 5:00 – 6:30 PM	Eric Koch	Saratoga High School	\$139
<b>Gold</b> (Ages 10-14)	Mon-Thurs 4:30-6:15 PM Fri 4:00-6:00 PM Sat 7:00 – 9:00 AM	Bill Thompson	Saratoga High School	\$172
<b>Blue 1</b> (Ages 11-14)	Mon-Fri 4:30-6:00 PM Sat TBA	Andrea Divine	Saratoga High School	\$169
<b>Blue 2</b> (Ages 11-14)	Mon-Thurs 6:30-8:00 PM Fri 5:30 – 7:00 PM Sat TBA	Trent Larsen	Saratoga High School	\$169
<b>Blue 3</b> (Ages 11-14)	Mon-Thurs 5:15-6:45 PM Fri 5:30 – 7:00 PM Sat TBA	Golda Marcus	Saratoga High School	\$169
<b>White 1</b> (Ages 10 and Under)	Mon-Fri 4:30-5:30 PM	Mike Allegretti	Saratoga High School	\$114
<b>White 2</b> (Ages 10 and Under)	Mon-Fri 6:00-7:00 PM	Andrea Divine	Saratoga High School	\$114
<b>Orange 1</b> (Ages 11-14)	Mon-Thurs 5:30-6:30 PM	Trent Larsen	Saratoga High School	\$105
<b>Orange 2</b> (Ages 11-14)	Mon-Thurs 7:00-8:00 PM	Stephen Meder	Saratoga High School	\$105
<b>Orange 3</b> (Ages 11-14)	Mon-Thurs 6:45-7:45 PM	Golda Marcus	Saratoga High School	\$105
<b>Orange 4</b> (Ages 11-14)	Mon-Thurs 6:15-7:15 PM	Caitlin Macky	Saratoga High School	\$105
<b>Orange 5</b> (Ages 11-14)	Mon-Thurs 7:00-8:00 PM	Andrea Divine	Saratoga High School	\$105
<b>Yellow 1</b> (Ages 10 and Under)	Mon-Thurs 4:30-5:15 PM Fri 4:30 – 5:30 PM	Golda Marcus	Saratoga High School	\$105
<b>Yellow 2</b> (Ages 10 and Under)	Mon-Thurs 6:15-7:00 PM Fri 6:15 – 7:15 PM	Stephen Meder	Saratoga High School	\$105
<b>Yellow 3</b> (Ages 10 and Under)	Mon-Thurs 7:15-8:00 PM Fri 6:15 – 7:15 PM	Caitlin Macky	Saratoga High School	\$105
<b>Post/Grad/College</b>	Group practice times and coaches will be determined at time of placement			N/C