



DACA YEAR ROUND WATER POLO



GENERAL INFORMATION

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

Location: De Anza College (12&Unders)
Monta Vista High School (14&Unders)

When: Mondays and Wednesdays 6:30-8:00PM

Cost: \$168/Month (10&Under, 12&Under and 14&Under Teams)
\$198/Month (Advanced Teams – Requires Coach's Approval to Attend)

Registration Procedure

- Registrations are processed on a first come, first serve basis.
- Registration forms must be filled out completely and mailed or faxed to DACA.
- USA Water Polo Membership must be completed online at www.usawaterpolo.org. Gold Level Membership is required. Please provide proof of membership at time of registration.
- Athletes may not practice until their registration is confirmed via phone call.
- Fees are not pro-rated for athletes enrolling mid-month.

Payment, Credit Card Policy

- 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.
- DACA's billing system is automated. New applicant's current month's dues will be charged at the time of placement.
- Each month all active families will receive a Billing Summary the week of the 21st. Details can be reviewed by logging into your Team Unify account. The charges will occur on the first business day of the coming month.

Cancellation Policy

Withdrawal Forms (available at www.daca.org) must be submitted electronically, by fax or by mail. A Withdrawal Form must be received no later than the 21st of the month to avoid being charged for the following month. There are no exceptions. Phone notification is not a valid form of notification.

General Policies

- Water Polo practices are generally held in all weather conditions. Lightning and other severe weather may result in cancellation. Refer to the DACA website (www.daca.org) for cancellation information.
- There are no refunds, credits, or make-ups for missed classes due to severe weather conditions, or any other reason out of DACA's control.
- There are no make-ups for missed classes unless canceled by DACA.
- USA Water Polo Membership is required of all active participants. Registrations are per calendar year (Jan-Dec).
- Any active participant in both the DACA Swim Team and Water Polo Team is eligible for a \$50 discount to be applied to their Water Polo monthly dues.
- Need based financial aid is available. Please contact the DACA office for an application at (408) 253-7946.

DACA REGISTRATION FORM

YEAR ROUND AGE GROUP WATER POLO

Are you a current competitive swimmer with DACA?	Yes	No
Are you currently registered with USA Water Polo?	Yes	No
***If yes, please include a copy of USAWP Card		

Please complete the information below. 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

Name:

_____ Age: _____ Sex: M F Birthdate: _____
Last First Middle Circle mm/dd/yy

School: _____ Grade: _____

Family Address: _____
Street City Zip

Parent/Guardian's Name: _____ Phone (Home): _____
(Required)

Phone (Work): _____ Phone (Cell): _____ E-mail: _____

Parent/Guardian's Name: _____ Phone (Home): _____
(Required)

Phone (Work): _____ Phone (Cell): _____ E-mail: _____

I have read and agree to the general and written policies of the DACA Water Polo Program.

Parent/Guardian's Signature: _____

Date: _____

<p>Please complete and sign the following forms:</p> <p>____ DACA Water Polo Registration Form</p> <p>____ DACA Water Polo Payment Option Form</p> <p>____ DACA Medical and Emergency Information Form</p> <p>____ DACA Waiver and Release of All Liability</p>
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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

Discover

Card #: _____ Expiration Date: _____

Name as it appears on the card: _____

Billing Address (if different from Family Address):

Street *City* *Zip*

Payment Details: DACA's billing system is automated. New applicant's current month's dues will be charged at the time of placement. Thereafter, each month all active families will receive a Billing Summary the week of the 21st. Details can be reviewed by logging into your Team Unify account. The charges will occur on the first business day of the coming month.

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. 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 21st. 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 21st of the month to avoid being charged for the following month. There are no exceptions. Withdrawal Forms are available at 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: _____

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, the city of Cupertino, Fremont Union High School District, or Monta Vista High School (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/Legal Guardian/Adult Swimmer

Signature