



Santa Cruz County Aquatics **Pre-Competitive Swim Team**

Come experience quality stroke instruction in a swim team environment. Santa Cruz County Aquatics is a technique oriented competitive swim team looking for kids ages 5 to 12 who would like to improve their swimming skills. The Pre-Comp program will emphasize the fundamentals of the 4 competitive swimming strokes; Butterfly, Backstroke, Breaststroke and Freestyle. Along with learning proper stroke technique, the Pre-Comp program will focus on the skills and rules necessary for competitive swimming, such as racing starts, streamlines and flip turns.

To register for the Pre-Competitive Swim Team, please complete the registration form and waiver and return with a check for \$80 payable to SCCA.
Mail payment, waiver and application to:

Santa Cruz County Aquatics
PO BOX 1616
Soquel, CA 95073

For additional information about the program please contact Amy York at (831) 479-1806.

Space is limited. Pre-Competitive participants are not guaranteed space on SCCA's age group team. For more information on Santa Cruz County Aquatics, please visit our web site at www.santacruzcountyaquatics.com

Santa Cruz County Aquatics

WAIVER/RELEASE OF LIABILITY

*PLEASE READ CAREFULLY BEFORE SIGNING.
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, _____, the enrolled participant and/or the parent/guardian of the participant agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The participant hereby agrees to participate in the Pre-Competitive Swim Team and hereby agrees to indemnify and hold harmless Santa Cruz County Aquatics (SCCA), its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Pre-Competitive Swim Team. The participant also agrees to indemnify Santa Cruz County Aquatics (SCCA) for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of Santa Cruz County Aquatics (SCCA) to have the participant treated in any medical emergency during their participation in the Pre-Competitive Swim Team. Further, the participant and/or parent/guardian agree to pay all costs associated with the medical care and transportation for the participant.

I have noted on the application form any medial/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____
(Participant or Parent/Guardian)

Date: _____