



P.O. Box 3462
Walnut Creek, CA
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www.aquabears.org

Welcome to the Walnut Creek Aquabears USA Swimming Team. This New Swimmer Packet has been prepared by your Coaches and Board of Directors to help your family get off to a great start with the team.

By choosing the Aquabears, you have joined one of the premier swim teams in the United States. The Walnut Creek Aquabears is a non-profit organization offering competitive swim programs for the novice through national-caliber athlete. Voted a Silver Medal Club by USA Swimming each of the last three years, the Aquabear program has been successful and the local, regional, and national level for over fifty years.

We view swimming as good, clean, wholesome fun. We train our swimmers to associate fun with their time spent in the sport and hope that our program starts children on a path to lifelong health and fitness. Perhaps the greatest benefit of participating in WCAB programs is the life skills your swimmer will develop. These skills include self-discipline, time management, sportsmanship, and many others. Many of our swimmers have gone on to be very successful in life, using skills they gained from their Aquabears swimming experience.

The Aquabears Coaching Staff and I are dedicated to the success and improvement of our team as a whole and of each individual swimmer. We are confident that you will enjoy the Aquabear experience and wish you success in your swimming endeavors.

Good luck and swim fast,

Rick Millington
Head Coach



MEMBER CLUB

MEMBERSHIP INFORMATION

The Walnut Creek Aquabears offer a free one-week trial to any swimmer interested in joining the team.

All swimmers must pay their monthly swim dues in order to participate with the Aquabears. Membership fees are as follows:

- ▶ Annual WCAB Parents Club Fee: \$120 per family (billed \$60 in April and October)
- ▶ Annual USA Swimming Registration Fee: \$60 per swimmer (paid upon joining the team, and renewed each November)
- ▶ Monthly swim fees based on swim group assignment:

Group	Fee
Novice	\$85
Cub	\$120
White	\$135
Purple	\$165
Pre-Senior	\$185
Senior 1 & 2	\$215

- ▶ Discounts are given to families with more than one swimmer:
 - \$35 per month credit for families with two swimmers
 - \$60 per month credit for families with three swimmers
 - No swim fees for youngest swimmer for families with four or more swimmers.

Monthly swim fees are the principal source of income. Because the Club is dependent upon regular receipt of these funds for a substantial portion of its income, it is an essential obligation that fees be paid each month and on time. The fee structure is based year round participation of each swimmer (regardless of illness, vacations, summer plans, etc).

Swim fees are due each month no later than the 15th of the month. There is a late charge of \$20.00 for fees that are received after the 15th of the month for which they are due. If such late payments are repetitive, swimmers may not be permitted to continue with their practice sessions until all amounts in arrears are paid. The Team Treasurer mails a monthly statement to each family.

The Aquabears will accept VISA and MASTERCARD for dues payments. Your account is automatically debited on the 15th of the invoiced month. Authorization forms are available by contacting the Team Treasurer either by phone, fax or email.

Questions about billing and fees should be directed to Joy Reid, WCAB Treasurer, and 925-256-6824.

TEAM EQUIPMENT

Your coach will give you a latex team cap and t-shirt. Each group uses different training aids during practice. The team provides kickboards, pull buoys, snorkels, and tempo trainers. Each swimmer should have goggles and a proper practice suit. In addition swimmers will need to following equipment for practice each day:

Group	Equipment
Novice	fins
Cub	fins
White	fins
Purple	mesh bag, fins, strokemaker paddles
Pre-Senior	mesh bag, fins, strokemaker paddles
Senior	mesh bag, fins, strokemaker paddles

Team suits and all other team gear are available at NorCal Swim Shop, 2054-D Treat Boulevard, Walnut Creek, 925-933-7946, www.swimshop.com.

PARENT VOLUNTEER INFORMATION

Family Name: _____

Supporting your child in swimming can be one of the most rewarding experiences in sport. You may be timing at meets, helping at fundraisers, organizing group social events, or becoming a certified USA Swimming Official. Whatever your role may be, your child's experience with the Aquabears has much to do with your positive support. Please initial each requirement and sign the form to return on the next page.

_____ WCAB Hosted Swim Meets

The Aquabears host several swim meets over the course of the year. These meets are a substantial portion of our fundraising efforts each year. They are also part of our responsibility to supporting the sport, and provide great venues for our swimmers to race. Each family will be required to work a minimum of two four-hour shifts during each meet.

_____ Timing at Meets

Each team that attends meets is expected to provide timers based on the number of swimmers they bring to the meet. Each family is expected to time one shift over the course of the meet. A sign up sheet is available at the coaches' shade structure.

_____ Social and Fundraising Events

Each family is expected to volunteer to assist in either a social event, or a fundraising event during the course of the year.

Each family should select at least two of the following activities in which they would assist.

_____ Picture and Equipment Handout Day (October)

_____ Swim-a-thon

_____ Silent Auction

_____ Annual Pizza Party

_____ Group Parent/Activity organizer

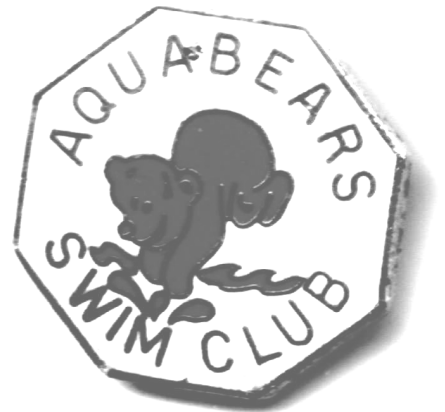
_____ Computer Data Input

NEW SWIMMER CHECKLIST

At the end of your free trial week, you should turn in the following items to your coach.

- ▶ Membership Application
- ▶ Initial Payment
- ▶ Parent Volunteer Form

Congratulations! You are now officially a Walnut Creek Aquabear!



WALNUT CREEK AQUABEARS MEMBERSHIP APPLICATION

Please sign and return to your coach with a check payable to WCAB

Last Name	First Name	M.I.	Birthdate	Gender	Group	School/Grade	T-Shirt Size
_____	_____	_____	_____	_____	_____	_____	CS CM S M L XL
_____	_____	_____	_____	_____	_____	_____	CS CM S M L XL
_____	_____	_____	_____	_____	_____	_____	CS CM S M L XL

Address: _____ primary e-mail: _____
 City: _____ Zip: _____ other e-mail: _____
 Father: _____ Mother: _____
 Phones: _____ home _____ work or cell _____
 Phones: _____ home _____ work or cell

Emergency Information if parents cannot be reached:

Name: _____ Phone: _____
 Name: _____ Phone: _____
 Family Physician: _____ Phone: _____
 Family Dentist: _____ Phone: _____
 Special Medical Information (problems, allergies): _____

Medical Insurance Company: _____ Policy No.: _____
 Phone () _____

MEMBERSHIP
 In consideration of the privilege of membership in the Walnut Creek Aquabears swim program, we the parents/guardians of the above swimmer(s) hereby hold the team, it's parents organization, and employees, free and harmless from any liability for injuries or damages they, or our swimmer(s) may incur as a result of our swimmer(s) participation in team events and activities, including practice sessions, and we assume the team's responsibility for the same. Also, as parents/guardians of the above swimmer(s) we agree to payment of swim fees, and parents club fee as described above or as amended by the Walnut Creek Aquabears Board of Directors.

 Father's signature and date

 Mother's signature and date

INITIAL PAYMENT		
(make check payable to WCAB)		
\$215.00	Senior 1, 2	_____
\$185.00	Pre-Senior	_____
\$165.00	Purple	_____
\$135.00	White	_____
\$120.00	Cub	_____
\$85.00	Novice	_____
\$60.00	*USA-S fee	_____
	**Discounts	- _____
	Total	_____

*Each swimmer must a member of USA-Swimming to participate with the team. Membership is annual.
 **Choose best option only: \$35 per month for two swimmers or \$60 per month for three swimmers or no swim fees for fourth swimmer.

EMERGENCY
 In case of emergency, I understand every attempt will be made to reach our family physician. If he/she is not available, I give my permission to use the closest medical facility. I also authorize the appointed team representative to approve medical or dental treatment for my child in my absence.

 Father's signature and date

 Mother's signature and date

FOR OFFICE USE ONLY

Check: _____ Date: _____
 Amount: _____ Entered: _____