

WALNUT CREEK AQUABEARS

2010 FALL SWIM PROGRAMS



The Walnut Creek Aquabears Fall Swim Program offers the summer recreational swimmer an outstanding opportunity to experience swimming at its best. Swimmers are instructed in each of the four competitive strokes and their associated skills in a **fun, positive, friendly atmosphere** emphasizing drills and techniques key to the success of age group swimmers. The Aquabears believe that long range success in swimming requires a **positive experience at a young age**, and our program provides this opportunity. Questions? Call the Aquabears' Coaches at (925) 939-5990.

AT CLARKE MEMORIAL SWIM CENTER IN HEATHER FARM PARK

FALL SWIM IMPROVEMENT PROGRAM 4 DAYS PER WEEK

September 7 through December 3

Group	Days	Time
Purple	M,T,W,Th	5:30 to 7:00 p.m.
White	M,T,W,Th	5:45 to 6:45 p.m.
Cub	M,T,W,Th	6:00 to 6:45 p.m.
Novice	M,T,W,Th	6:00 to 6:30 p.m.

The Purple Group learns advanced stroke concepts as part of the Aquabears' Drill Progression program. They are introduced to the basics of training and are guided through goal setting and achieving. The Purple Group is for next summer's 10, 11, and 12 year-olds.

The White Group focuses on proper stroke form and technique, with additional attention to starts and turns. They continue the intermediate drills in the Aquabears' Drill Progression Program. The White Group is for next summer's 9 and 10 year-olds.

The Cub Group learns each stroke, starts, and are introduced to turns, using the fundamental drills in the Aquabears' Drill Progression Program. The Cub Group is for next summer's 7 and 8 year-olds.

The Novice Group is for "first year swimmers" who have previous lesson experience and can swim 25 yards of freestyle. The Novices learn the fundamentals of the four strokes with daily in-the-water instruction.

**EACH SWIMMER WILL GET A NIKE TEAM SUIT,
TEAM T-SHIRT, AND A TEAM CAP.**

STROKE AND TURN CLINICS 2 DAYS PER WEEK

The Fall Stroke and Turn Clinics are limited to 10 swimmers. Working in this small group, one lap at a time, swimmers are instructed in each of the four competitive strokes and their associated skills.

These clinics are great for families and swimmers who cannot make it to four days of practice each week.

Session 1: September 7 thru October 14

#	Age	Days	Time
1	6-8	T,Th	4:00 to 4:40 p.m.
2	9-12	T,Th	4:40 to 5:20 p.m.

Session 2: October 18 thru November 26

#	Age	Days	Time
3	6-8	T,Th	4:00 to 4:40 p.m.
4	9-12	T,Th	4:40 to 5:20 p.m.

**EACH SWIMMER WILL GET A
TEAM T-SHIRT, AND A TEAM CAP.**

AT DIABLO VALLEY COLLEGE POOL

FALL SWIM IMPROVEMENT PROGRAM 3 DAYS PER WEEK

September 7 through December 3

Group	Days	Time
Purple	M,W,F	4:00 to 5:15 p.m.
White	M,W,F	4:00 to 5:00 p.m.
Cub	M,W,F	4:00 to 4:45 p.m.

The Purple Group learns advanced stroke concepts as part of the Aquabears' Drill Progression program. They are introduced to the basics of training and are guided through goal setting and achieving. The Purple Group is for next summer's 10, 11, and 12 year-olds.

The White Group focuses on proper stroke form and technique, with additional attention to starts and turns. They continue the intermediate drills in the Aquabears' Drill Progression Program. The White Group is for next summer's 9 and 10 year-olds.

The Cub Group learns each stroke, starts, and are introduced to turns, using the fundamental drills in the Aquabears' Drill Progression Program. The Cub Group is for next summer's 7 and 8 year-olds.

**Practice will be held at Clarke Memorial Swim Center on 9/22 and 9/29 because of DVC Water Polo Games.

**EACH SWIMMER WILL GET A NIKE TEAM SUIT,
TEAM T-SHIRT, AND A TEAM CAP.**

Swimmers interested in joining the Walnut Creek Aquabears Year Round Team should contact the WCAB coaches at 925-939-5990 to inquire about swimming with the Senior or Pre-Seniors Groups.

VISIT WWW.WALNUTCREEKAQUABEARS.ORG FOR MORE INFORMATION
3 EASY WAYS TO REGISTER: BY MAIL, AT CLARKE POOL, OR ONLINE (STARTING AUGUST 3)

WALNUT CREEK AQUABEARS FALL SESSION APPLICATION

Please fill out completely, make your check payable to WCAB, and mail to Walnut Creek Aquabears, P.O. Box 3462, Walnut Creek, CA 94598

Family Information

Father:		Mother:	
Mailing Address:			
City:		State:	Zip Code:
Home Phone:		Family/Household Email:	
Father's Mobile Phone:		Mother's Mobile Phone:	

First Swimmer Information

Last Name:		First Name:		Middle Initial:	
Birthdate MM/DD/YY:	Gender (M/F):	Pool (Circle): Heather Farm DVC	Practice Group or Clinic:	Suit Size (Circle): 24 26 28 30 32 34 36 38	T-Shirt Size (Circle): YS YM S M L XL

Second Swimmer Information

Last Name:		First Name:		Middle Initial:	
Birthdate MM/DD/YY:	Gender (M/F):	Pool (Circle): Heather Farm DVC	Practice Group or Clinic:	Suit Size (Circle): 24 26 28 30 32 34 36 38	T-Shirt Size (Circle): YS YM S M L XL

Third Swimmer Information

Last Name:		First Name:		Middle Initial:	
Birthdate MM/DD/YY:	Gender (M/F):	Pool (Circle): Heather Farm DVC	Practice Group or Clinic:	Suit Size (Circle): 24 26 28 30 32 34 36 38	T-Shirt Size (Circle): YS YM S M L XL

Emergency Contacts if parents cannot be reached:

Name / Phone:	
Physician / Phone:	
Dentist / Phone:	
Medical Insurance Company / Policy # / Phone:	
Special Medical Information (problems, allergies, etc.):	
<p>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. We agree to volunteer to time at away meets and work the designated number of work shifts at WCAB-hosted meets (or pay the designated fine for failing to do so).</p> <p>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.</p>	
Father's Signature _____	Date _____
Mother's Signature _____	_____

PAYMENT INFORMATION

SWIM FEES – Clark Memorial Swim Center in Heather Farm Park

<i>Group</i>	<i>Fees</i>
Purple	\$500
White	\$420
Cub	\$380
Novice	\$230
Stroke Clinics*	\$250

If you are registering 2 swimmers, please take \$100 off your total.
 If you are registering 3 swimmers, please take \$180 off your total.
 Sorry, no group discounts for the Stroke and Turn Clinics.

SWIM FEES – Diablo Valley College

<i>Group</i>	<i>Fees</i>
Purple	\$420
White	\$340
Cub	\$310

If you are registering 2 swimmers, please take \$100 off your total.
 If you are registering 3 swimmers, please take \$180 off your total.

NO PRO-RATING FOR DAYS MISSED. NO REFUNDS.

Swimmer	Practice Group	Amount
1 st swimmer	_____	_____
2 nd swimmer	_____	_____
3 rd swimmer	_____	_____
Multi-Swimmer Discount		_____
Total:		_____

METHOD OF PAYMENT

- Pay by check** (make payable to WCAB)
- Pay by Visa or MasterCard** (you will receive an email with detailed instructions on how to set up you payment using our team website.)