



# West Coast Aquatics Winter High-School Season Swimming

**November 16<sup>th</sup> to January 29<sup>th</sup>, Monday-Friday, 4:00-6:00PM**  
(with breaks for Thanksgiving and Christmas)

**Make your High School Season a WINNING one!!!**  
**It's perfect for staying in-shape between High School Water Polo and Swim Seasons**

**Cost:** \$250, which includes specific high school training, team cap and team registration

**Location:** Independence High School Pool on Jackson Ave, San José (between McKee and Mabury)

**More information:** contact Coach Verónica Hernández, vernhernwest@gmail.com

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**Athlete's Name:** First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date: \_\_\_\_\_

Athlete's Phone #: \_\_\_\_\_ Athlete's Email: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Credit Card #:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **Or Check #:** \_\_\_\_\_

**MC / Visa (circle one) Amount \$** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Athlete's Doctor:** \_\_\_\_\_ **Medical Ins.Co:** \_\_\_\_\_ **Policy#** \_\_\_\_\_

**Please read carefully before signing.** This is a release of liability and waiver of certain rights. We (both the participant and the parents or guardians) agree and understand that swimming is a hazardous activity. We recognize that there are inherent risks in the sport of swimming including, but not limited to paralyzing injuries and death. We hereby agree to hold harmless West Coast Aquatics, Independence High School and all of their departments, boards, commission, officers, employees, agents, contractors and affiliates; and to indemnify them against any liability or damages resulting or arising from any claims, demands or causes of action by or on behalf of the participant, the participant's family and the participant's affiliates. We authorize any representative of West Coast Aquatics ("WEST") to have participant treated by medical professionals during his or her participation in any West Coast Aquatics program. Further, we (the participant and parents/guardians severally) agree to pay or reimburse to WEST all of the costs associated with such medical care and emergency transportation for the participant.

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

**Signature (Parent/Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_