**Riverside Aquatics Association**

RAA is excited to offer a fun, challenging, and goal-oriented swim program for swimmer’s ages 4 and over at multiple locations in the Inland Empire. Our goal is to offer a high-quality swim program directed by professional swim coaches. Swimmers can participate recreationally or can choose to participate in swim meets.

**3 EASY STEPS TO JOIN**

**1. SWIM ASSESSMENT:**

Sippy Woodhead pool 2060 University Ave, Riverside CA. Fridays at 3pm.

\*Bring with you goggles, towel and a good attitude. Form at bottom of this page.

**2. FREE 2-day TRIAL:**

**\***Your swimmer can try the group that they have been assessed to for a free 2 days

Starting the day after the assessment.

\*If you decide not to join RAA at the end of your 2-day trial no exit process is necessary

**3. JOIN THE RAA TEAM:**

**\*Fill out RAA Registration forms online at raaswim.org** Click **“Registration” drop down then click “Register Here”**

**\*Complete paperwork; bring birth certificate for proof of age,**

**Required Gear and Information for the assessment:**

**\*** A smile and great attitude!

\*Swimsuit, goggles, and a towel

\*Completed assessment form

**Parent Commitment**

**“Becoming a member of the Club involves more than arriving at the pool for practices. When considering the long-term progress of the athletes the parents are a key facet. They provide the framework of volunteers whose efforts are essential from local novice to high performance levels of sport at international events. The team network thrives when it is athlete centered, coach driven, and parent supported.”**

**To operate RAA, and maintain our quality in the details, we need all parents to give of their time. Other than the coaching staff, the entire organization is run by our parents on a volunteer basis. Some families may feel that they do not have the time to volunteer, however we need to acknowledge that in our modern society, everyone is terribly busy. So,**

**We need everyone to find a moment to lend a hand, share the load, and make our experience with the Team more fun for everyone.**

**Volunteering Requirements:**

**\*Every family will be responsible to volunteer 10 deck hours (team events such as banquets, swim parties, hot chocolate club, ez up transportation to meets)**

**\*Every family will be responsible to volunteer 4-6 hours per “eastern committee meet” that we host. You can expect RAA will host 2-3 of these events In the year. (Dates of the events are not known at this time)**

**\*Summer junior Olympics/ sectionals - every family is responsible 10-12 hours for this event. This is a 4-day event that RAA hosts.**

**Fundraising**

**\*Each ATHLETE is responsible for a minimum of $150 per year in fundraising. We have an annual fundraiser where money is raised per lap swum. RAA will provide prizes, gifts, and a party for everyone who participates.**

 **Pre Comp: 30 minute practice M-TH**

Ages 4-8 $95 per month

 **Dolphin 1: 1 hour practice M-F**

Ages 4-12 $105 per month

 **Dolphin 2: 1 hour practice M-F**

Ages 4-12 $105 per month

 **Dolphin 3: 1 hour practice M-F**

Ages 4-12 $105 per month

 **Age group 2: 1.25 hour practice M-F**

Ages 6-12 $115 per month

**Age group 1: 1.5 hour practice/ 2 hours on Saturday M-S**

Ages 6-13 $130 per month

 **Junior prep: 1 hour practice M-F**

Ages 13 - 18 $105 per month

 **Junior: 2 – 2.5 hour practice M-S**

Ages 10-14 $150 per month

 **Senior Development: 2 hours M-F**

Ages 13-18 $140 per month

 **National prep/National: ASK COACH**

**FEES**

**\*$40 Annual registration per family (charged on registration and every year)**

**\*$72 Annual USA SWIMMING Membership. This allows your athlete to compete in USA SWIMMING events (charge is per athlete) this will be charged upon registration and again in October.**

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**RAA Swim Assessment Form:**

Date: \_\_/\_\_/\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swimmer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_/\_\_/\_\_ Age: \_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

Any Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coaches Group Assessment Level:

Comments: