



2019 Summer Swim Team



California Dolphin Swim Team (CDST) is one site of **East Bay Aquatics (EBA)**. We are a USA Swimming Year-round competitive swim team offering high-quality professional coaching and technique instruction for all ages and abilities. We are the largest swimming club in the east bay.

CDST Summer Team is a seasonal program and it is a great way to improve swimming technique, and try semi-competitive swimming in a fun and friendly environment.

- ▶ Professional Coaching Team
- ▶ Participation in the USA Swimming
- ▶ Diversity Groups for All Levels
- ▶ Variety Locations and Schedules
- ▶ Free Gift for Every Swimmer

Time: June 17 to August 11, 2019

Cost: Training Fee \$350 / \$375
USA swimming Registration \$45

Free Tryouts

Contact us for appointment

March & April:

Sundays at Calphin Aquatics Club

May & June:

Fridays at Dan Oden Swim Complex

Spaces are limited!

510-509-8659

CDSTsummerteam@yahoo.com



2019 CDST Summer Team Registration

SWIMMER INFORMATION

First Name _____ Last Name _____

Gender: ___Female ___Male

Age: _____ DOB _____

Returning Swimmer? ___Yes ___No

If you are a returning swimmer, you are not require to do the tryouts.

PARENTS INFORMATION

Name(s) _____ Phone# _____

Address _____ City _____ Zip _____

Email(**PRINT CLEARLY FOR YOUR CONFIRMATION**) _____

PRATICE OPTIONS

Practice schedule and dates may changes due to pool availability

- ____ Weekday Group A - (6/17-8/8)
- Newark Memorial High School
 - Monday to Thursday
 - 3:15pm to 4:15pm
 - Training Fee: \$350

- ____ Weekday Group B - (6/17-8/8)
- Newark Memorial High School
 - Monday to Thursday
 - 4:15pm to 5:15pm
 - Training Fee: \$350

- ____ Weekend Group C - (6/15-8/11)
- James Logan High School
 - Friday, Saturday & Sunday
 - 6:00pm to 7:30pm
 - Training Fee: \$375

- ____ Intense/Flexible Program - (6/17-8/11)
- Choose More Than One Group to Practice
 - Mix and Match Any Summer Team Group
 - Training Fee: \$595

POLICIES(Please initial)

____ I understand that fees are not refundable after the first practice and that make up practices will not be offered, unless practices are cancelled by CDST due to unforeseen pool problems. In the event that CDST cancels practice, a make up practice may be held on an alternate date, time, and/or location.

____ I understand that all CDST summer team swimmer must register under USA Swimming.

____ I understand that CDST reserves the right to cancel and refund all money in the event of an unforeseen circumstance.

____ I understand that CDST charges \$25 for Not Sufficient Funds(NSF) check.

____ I understand that I am welcome to watch practice from the stands and that I should not interrupt a coach during practice, unless I have an emergency.

PAYMENTS (Please check the boxes)

- Check# _____ \$350/\$375 Training Fee* for Group A or B or C, payable to **CDST**
- Check# _____ \$595 Training Fee for Intense/Flexible program, payable to **CDST**
- Check# _____ \$45 USA Swimming Registration Fee, payable to **Pacific Swimming**

**No sibling discount for Summer Team programs*



EMERGENCY INFORMATION AND WAIVER

Swimmer's Name: _____

Parent's Name: _____

Emergency Phone Number: _____

IN CASE OF EMERGENCY, The following person may be contacted if the parents cannot be reached:

Individual	Relationship	Phone

HAS YOUR CHILD

1. Had more than a brief minor illness or injury in the past year? _____
2. Had any allergies or illness? _____
3. Been taking any medications or medical treatment? _____

If you answered, "YES" to any of the above, questions please "SPECIFY" by attaching a letter.

PARTICIPATION PERMISSION AND WAIVER

I, the undersigned, certify that I am the parent or guardian of the above named child, that /he/she is in good physical condition and I give my child permission to participate in the 2018 CDST Summer Swim Team. I am aware that attending or participating in this activity involves risk of injury. I voluntarily accept to assume all risk from attending or participating in these activities. In consideration of being permitted to participate in this activity, I agree, on behalf of myself and my child, our heirs, personal representatives and assignees, not to make any claim against or sue the Newark Memorial High School, James Logan High School, The Newark Unified School District, The New Heaven Unified School District and/or their employees, officers, directors, agents, (collectively referred to as the "RELEASED PARTIES") for any injury or damage to my child or myself arising from the negligence, or other acts, however caused, of the Released Parties. In addition, I release and discharge the Released Parties for all actions, claims or demands that I or my child, our heirs, personal representatives or assignees, have or may hereafter have for personal injuries to my child/children or myself, or property damage resulting for the activities described above. This release includes injury or damage caused by negligence, active or passive, or other actions of the released parties. In case of a minor emergency (cuts, scratches, headache, etc.), I give permission to the CDST Coaches to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by CDST coach until I am able to be contacted.

TO THE ATTENDING PHYSICIAN OR HOSPITAL: Permission is hereby granted for you at the discretion of the coaches of CDST to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally. I, the undersigned parent hereby give permission for any necessary medical care to be given to my child in the case of accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

I have carefully read this agreement. I understand this is a complete release of all liability, as well as a promise not to sue or make a claim.

Print Name _____ Signature _____ Date _____