



Del Norte Aquatics



United States Swim Team Sept 5-Dec 15, Jan 2-31



6+ Under Clinic	4:10-4:30 T, Th
White (6-8 years*)	4:30-5:15 M-T-W-Th
Blue (8-10 years*)	5:00-5:45 M-T-W-Th
Red (9-11 years*)	5:30-6:45 M-T-W-Th
Jr./Sr. (11-18 years*)	6:00-7:45 M-T-W-Th

**Group make up will be determined using a combination of age and ability. All swimmers will be assessed during the first 2 weeks to determine proper group assignments. Groups are designed to maximize the swimmers learning and improvement. Swimmers will be placed in a group that will maximize their swimming experience. All swimmers will be afforded the chance to “Challenge” the next groups standards at various times throughout the season and move up if those standards are met. We are also very limited in space and that also be a factor in to group assignments as well. All group times include 15 minutes of dryland.

Open to swimmers ages 5-18. You do not have to be a member of Del Norte Club or the Del Norte Dolphins Swim Team to participate. All swimmers must be able to swim a 25 Free and 25 Back, unaided and comfortably. This is not a lesson program. In order to compete in meets swimmers must register with United States Swimming. Swimmers are responsible for United States Swimming Registration and must show proof of registration prior to entering their first meet.

Each group will be limited to the first 20 swimmers signed up. A waiting list will be started once a group fills up. If an opening comes up #1 on waiting list will be given the first opportunity. We reserve the right to add swimmers to a group at any time at our discretion. No early signups.

Swimmers are expected to participate in 2 or more practices a week. Swimmers should arrive at the pool 10 minutes before their practice time.

Questions

Coach Teresa Heston-Rojas

teresahr@delnorteclub.com

Coach Emily Loeffler

emilyl@delnorteclub.com

916-483-5111 (Team Voice Mail)



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**Del Norte Aquatics
Team Registration Form**

Date: _____

Swimmer #1 Name: _____ Birthday _____

Swimmer #2 Name: _____ Birthday _____

Swimmer #3 Name: _____ Birthday _____

Swimmer #4 Name: _____ Birthday _____

Address _____ City _____ Zip _____

Parent's Name: _____

Parent's Phone number _____ Email: _____

Emergency Contact Information: (person to contact in an emergency)

Name: _____ Relation: _____ Phone: _____

Amount Due: _____ Amount Paid _____ Date Paid: _____

Del Norte Member _____ Non Del Norte Member _____

Payment Type:

Check # _____ Bill Del Norte Account _____ Account Name _____

I authorize Del Norte to charge the above account _____

Del Norte Aquatics Registration Fees

Del Norte Members

1st Child \$85/Mo (\$43 for Dec)
2nd-4th Children (Per Child) \$65/Mo (\$33 for Dec.)

6 + U Clinic:

1st Child \$45/Mo (\$22 for Dec)
2nd-4th Children (Per Child) \$25/Mo (\$12 for Dec.)

Plus 1 time USA Swimming Reg Fee for meets. Mandatory for insurance

Del Norte Aquatics Registration Fees

Non Del Norte Members

1st Child \$100/Mo (\$50 for Dec.)
2nd-4th Children (Per Child) \$80/Mo (\$40 for Dec.)

6 + U Clinic:

1st Child \$60/Mo (\$30 for Dec)
2nd-4th Children (Per Child) \$40/Mo (\$20 for Dec.)

Plus 1 time USA Swimming Reg Fee for meets. Mandatory for insurance

Participation Waiver:

*I, the undersigned, as the participant or parent/legal guardian of the child listed on the application in consideration of the request and permission of my son/daughter to participate in Del Norte programs, hereby freely assume for myself, spouse/partner and child/ward knowingly all such risks both known and unknown of injury or loss which may result from my or my son's/daughter's participation in this activity and hereby agree to hold harmless, release and forever discharge Del Norte, its officers, agents and employees from and waive any and all claims and demands whatsoever which the undersigned and any of them or any third person of any accident, illness, injury, or death of any person(s), or damage to or loss or destruction of any property arising or resulting from any variety of strenuous exercises directly or indirectly from my or my son's/daughter's participation in the aforementioned program and occurring during said participation or any time subsequent thereto save and sole negligent acts of omissions of Del Norte, their officers, agents or employees. The terms of this release shall serve as a release and assumption of risk.

I agree to keep my child or myself from participating in class if they/I are experiencing cough, cold, fever, vomiting, and/or diarrhea. I understand that there is no refunds for missed practices, and there will be no make ups for missed practices.

PARENT/GUARDIAN'S OR PARTICIPANTS/ SIGNATURE: _____

Fees: Monthly dues must be paid by the 5th of each month and will be considered late by the 10th of the month. A \$25 late fee per swimmer will be charged if dues are not received by the 10th and your swimmer will not be allowed to swim. No refunds after your first week of practice.

Refunds: No refunds will be offered for withdrawal of the program or for missed classes.

Canceled Classes: We do not reschedule for canceled classes due to inclement weather or unforeseen circumstances.