Newport Shores Swim Team 2019

\*\*NO SWIM TEAM EXPERIENCE REQUIRED\*\*

**Season Fee:**

**Newport Shores Residents: $375 ($365 for 2nd child in family, $355 3rd child……etc.)**

**Non Residents: $415 ($405 for 2nd child, $395 3rd child.…etc)**

**The Fee Includes:**

**\*Swim Suit \* T-Shirt \*Individual Trophy \*Team Picture \*Practices 4 days per week**

**\*Swim Meets with ribbons for all participants**

**NO Practice July 4th**

**\* IMPORTANT FOR ALL NON RESIDENT PARTICIPANTS\***

***Non-resident participants must be a guest of a Newport Shores resident. Resident name and contact info must be included with your registration form. Please contact the swim office if you have questions.***

**PRIVATE LESSONS/SWIM TEAM PREP LESSONS:**

**Swim team participants need to be water safe. Some kids that may have forgotten the basics or need a little extra prep before the summer. Lessons can be scheduled through the swim office at:**

**ocacinc@gmail.com** **949) 548 – 5668**

**\*SELECT TEAM\***

**The Select team will be a new addition to the Summer Swim Team Program. Swimmers in the Select team will require a tryout to be approved by the Head Coach of the Team. Select Team will practice in the Select Team practice listed below. The Select Team will train and compete in 50 yard distances and may include relays (depending on facility availability)**

SEASON DATES

 **(before school is out) (After School is out)**

 **Tuesdays & Thursdays – May 28th– June 20th Monday through Thursday – June 24th – August 1st Age Time Age Time**

 **5 years 3:00-3:30 PM 5 years 10:30-11:00 AM**

 **6 years 3:30-4:00 PM 6 years 10:00-10:30 AM**

 **7 years 4:00-4:45 PM 7 years 9:15 - 10:00 AM**

 **8 & Up (Select Team) 4:45-5:30 PM 8 & Up (Select Team) 8:30 - 9:15 AM**

***“TENTATIVE” SWIM MEET SCHEDULE:***

**Wednesday, June 26th Intra Squad Meet @ Newport Shores 7 & up 9am / 5&6 10:00am**

**Wednesday, July 10th Vs. BBC @ Newport Shores 7 & up 9 am / 5&6 10:00am**

**Wednesday July 17th Team Pictures/Coin Dive @ Newport Shores Regular Workout Times**

**\*Thursday July 25th Vs. OCC @ OCC 7 & up 5pm / 5&6 6pm**

**Tuesday, July 30th Vs. All teams @ CMHS 5 & 6 5:00pm - 7 & older 6:00pm**

**Friday, August 2nd Awards Breakfast @ Newport Shores All ages 9:30-11:00 am**

**Saturday, Aug 3rd All-Star Championship @ CMHS (not all kids attend this meet)**

**For Questions of more information please contact the Swim Office:**

**You can register online at WWW.OCACSWIM.COM**

**(949) 548-5668**

**Registration from is located on back/next page**

**REGISTRATION FORM**

& RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

 I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of the following minor children:

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_ Age as of June 1\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_ Age as of June 1\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_ Gender:\_\_\_\_\_\_\_\_\_\_ Age as of June 1\_\_\_\_

 I hereby acknowledge that the Orange Coast Aquatic Conference, Inc.(“user”) is not owned, endorsed, sponsored, maintained or operated by the Newport Shores Community Association(“Association); that the USER is independent, separate and distinct from the ASSOCIATION; that the ASSOCIATION only provides the USWER with the use of the swimming pool and related facilities and equipment in conjunction with the USER’s activities conducted at the ASSOCIATION’s swimming pool facilities.

 I AGREE TO ACCEPT THE RESPONSIBILITY AND RISK FOR INJURY OR DEATH ARISING OUT OF OR RESULTING FROM THE USE, OCCUPANCY, OR OPERATION OF THE ASSOCIATION’S SWIMMING POOL AND RELATED FACILITIES AND EQUIPMENTBY SAID MINOR CHILDREN OR WHILE PARTICIPATING IN ANY OF THE ACTIVITIES CONDUCTED BY THE USER.

 FURTHER, I AGREE TO INDEMNIFY, DEFEND AT MY SOLE COST AND EXPENSE, AND TO HOLD HARMLESS THE ASSOCIATION, IT’S DIRECTORS, MEMBERS, EMPLOYEES, AGENTS, REPRESENTATIVES, ATTORNEYS, AND CONTRACTORS FROM ANY AND ALL CLAIMS, DEMANDS, COSTS, LOSS, DAMAGE, AND LIABILITY FOR INJURY OR DEATH TO SAID MINOR CHILDRENRESULTING DIRECTLY OR INDIRECTLY FROM THEIR USE OF THE ASSOCIATIONS SWIMMING POOL AND RELATED FACILITIES AND EQUIPMENT, WHILE PARTICIPATING IN ANY OF THE ACTIVITIES CONDUCTED BY THE USER, OR OTHERWISE(EITHER BEFORE OR AFTER COMMENCEMENT OF SUCH ACTIVIITES).

 I GIVE MY PERMISSION TO USER AND THE ASSOCIATION, THEIR EMPLOYEES, AGENTS, AND REPRESENTATIVES, TO OBTAIN EMERGENCY MEDICAL CARE FOR SAID MINOR CHILDREN, IF CONSIDERED BY THEM TO BE NECESSARY. IN CASE OF AN EMERGENCY, IF I CANNOT BE CONTACTED AT THE TELEPHONE NUMBERS LISTED BELOW, THE FOLLOWING PERSON(S) SHOULD BE CONTACTED:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS CONSENT, AGREEMENT AND AUTHORIZATION SHALL BE VALID AND CONTINUE IN EFFECT UNTIL I HAVE PROVIDED WRITTEN NOTICE TO THE USERT AND ASSOCIATION OF MY TERMINATION OF IT.

Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell or Home Phone:(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Non-Residents Only**

 ***\*\*Shores Resident Host’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

TO SIGN UP: 1. COMPLETE REGISTRATION INFORMATION AND SIGN RELEASE

 2. Make check for program fee payable to: **OCAC**

 3. Mail Check for Program to: **OCAC**

 **P.O. Box 15065,**

 **Newport Beach, CA, 92659**

\*Note: Registration in an OCAC program provides liability and secondary medical insurance coverage for athletes and coaches during all practices and meets