

# DACA RETURNING COMPETITIVE REGISTRATION FORM

## SARATOGA HIGH SCHOOL

REGISTRATION FORMS SHOULD BE SUBMITTED AT THE TIME YOU WISH TO START  
REGISTRATIONS WILL BE CONFIRMED VIA PHONE CALL  
DACA DOES NOT PRORATE MONTHLY FEES

Please send To: DACA ~ 1080 S. De Anza Blvd. ~ San Jose, CA ~ 95129

### Swimmer's Name:

\_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F Birth date: \_\_\_\_\_  
*Last First Middle Circle mm/dd/yy*

Note: Middle name or initial is required for USA Swimming registration number.

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_  
*(Required)*

Parent/Guardian's Name: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_ E-mail: \_\_\_\_\_  
*(Required)*

### Billing Information - Required

Please select payment option:

#### Automatic Debit Request from Credit/Debit Card

\_\_\_ Master Card

\_\_\_ VISA

\_\_\_ Discover

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing Address (if different from Family Address):

\_\_\_\_\_

*Street*

*City*

*Zip*

A \$25 handling charge will be assessed on each declined Automatic Debit transaction. Uncollected balances must be rectified by the fifth of the month. If a debit payment is declined, you may be required to make the payment by Cashier's Check or Money Order. If payments are declined three times, automatic debit transaction privileges will be cancelled.

**Authorization:** I have read and agree to the general and written policies as stated above. I understand that by signing this Form I am entering into a legally enforceable agreement with DACA.

I authorize DACA to debit my credit/debit card on the first business day of every month.

Cardholder Signature: \_\_\_\_\_

## **DACA MEMBERSHIP AGREEMENT**

With my payment of the swimmer registration fee entitling my designated child or children to participate in the competitive swim program of De Anza Cupertino Aquatics (DACA), I agree to abide by the regulations and policies of DACA as set forth in the by-laws of the corporation. As a returning member, I understand that it is my responsibility to read and familiarize myself with all current rules and regulations ([www.daca.org](http://www.daca.org) under Policies & Procedures). In addition, I agree to the 2017-2018 Service Obligation Policy.

DACA reserves the right to terminate the membership of any member whose actions are considered detrimental to DACA's welfare as set forth in the organization's by-laws.

I agree that upon withdrawing from DACA, our account will be paid in full prior to my child's departure from the team. I have read and agree to the general and written policies.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

## **DACA WAIVER AND RELEASE OF ALL LIABILITY**

I, \_\_\_\_\_, on behalf on my child, \_\_\_\_\_, have voluntarily requested to participate in the De Anza Cupertino Aquatics ("DACA") swim lessons and/or swim team (hereinafter, "the Activity"). I am aware that attendance or participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that attendance or participation in the Activity could result in personal injuries, including death, and property loss or damage. I voluntarily accept and assume all risk from attending or participating in the activity.

In consideration of being permitted to participate in the Activity, I agree, on behalf of myself, my spouse, dependents, heirs, personal representatives, and assignees, to hold DACA and its employees, officers, directors, shareholders, insurers, agents, contractors, and servants, members and board members, the city of Saratoga, Los Gatos-Saratoga High School District, or Saratoga High School (collectively referred to as the "Released Parties") harmless from any and all liability, actions, claims and demands of every kind and nature that may arise out of the Activity to the maximum extent permitted by law. Therefore, I am agreeing not to sue the Released Parties for any personal injury or property damage, even if Released Parties' negligence contributed to the injury or damage, resulting from my child's and/or my attendance or participation in the Activity.

I agree to release DACA from all claims, whether known or unknown. Therefore, I specifically waive Section 1542 of the California Civil Code, which reads as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

The provisions of this waiver form are severable and if any one or more provisions are determined to be unenforceable, in whole or in part, the remaining provisions and partially enforceable provisions shall be binding and enforceable.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT RELEASES DACA AND OTHERS FROM ALL LIABILITY RELATED TO MY AND MY CHILD'S ATTENDANCE AND PARTICIPATION IN SWIM LESSONS AND/OR SWIM TEAM.**

Name of Participant/Child \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

## **DACA MEDICAL EMERGENCY INFORMATION**

Medical emergency information is required. Please do not leave any spaces blank. If the Participant does not have insurance or a primary care physician/health care provider, please write "None."

**Swimmer's Name:** \_\_\_\_\_  
*Last* *First*

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

**Parent/Guardian's Name:** \_\_\_\_\_

**Phone (H):** \_\_\_\_\_ **Phone (C):** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Phone (H):** \_\_\_\_\_ **Phone (C):** \_\_\_\_\_

**If I cannot be reached, please call:**

**Name:** \_\_\_\_\_ **Phone (C):** \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Patient ID No.: \_\_\_\_\_

Group ID No.: \_\_\_\_\_

Primary Care Physician/Health Care Provider Information:

\_\_\_\_\_  
Name of Physician/Health Care Provider

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Telephone Number(s)

Is there any additional emergency information you would like us to have? [For example: specify insect, animal or food allergies; etc.]: \_\_\_\_\_

In an emergency, I consent to having the De Anza Cupertino Aquatics organization provide immediate care to Participant [student or adult swimmer] and/or contact emergency personnel (911) to provide emergency treatment and/or transport to the nearest emergency facility.

By my signature, I authorize any medical provider to give all necessary medical care to Participant [student or adult swimmer]. I agree to assume full responsibility for the costs of any treatment provided.

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian/Adult Swimmer

\_\_\_\_\_  
Signature

## Saratoga High School Team Structure Form

**Director/Head Coach: Pete Raykovich**

**Head Coach: Tammy Hopkins**

An annual Registration Fee of \$100 is required (this fee is not applicable to current USA Swimming members).

**PLEASE SELECT YOUR GROUP BY MARKING AN "X" IN THE GROUP CHOICE COLUMN BELOW.**

<u>Group Choice</u>	<u>Group</u>	<u>Time</u>	<u>Coach</u>	<u>Location</u>	<u>Rate</u>
	<b>Senior Elite</b>	Mon-Fri 4:00-6:00 PM Sat TBA	Christian Bonner	Saratoga High School	\$300
	<b>Senior Select</b> (High School Ages)	Mon-Fri 4:00-6:00 PM Sat TBA	Katie Lindsey	Saratoga High School	\$262
	<b>Varsity</b> (High School Ages)	Mon-Fri 6:15-7:45 PM	Mike Allegretti	Saratoga High School	\$201
	<b>Elite</b> (7 <sup>th</sup> and 8 <sup>th</sup> Grade)	Mon-Fri 4:30-6:30 PM Sat TBA	Annie Stein	Saratoga High School	\$228
	<b>Select</b> (5 <sup>th</sup> and 6 <sup>th</sup> Grade)	Mon-Fri 4:30-6:15 PM Sat TBA	Mike Allegretti	Saratoga High School	\$206
	<b>Pro 2</b> (Ages 11-14)	Mon-Fri 6:00-7:30 PM	Katie Lindsey	Saratoga High School	\$201
	<b>Pro 3</b> (Ages 11-14)	Mon-Fri 6:30-8:00 PM	Annie Stein	Saratoga High School	\$201
	<b>Titan 1</b> (Ages 10 and Under)	Mon-Fri 4:30-5:45 PM	Golda Marcus	Saratoga High School	\$172
	<b>Sprinter 1</b> (Ages 11-14)	Mon-Fri 5:30-6:30 PM	Kristen Clarno	Saratoga High School	\$158
	<b>Sprinter 2</b> (Ages 11-14)	Mon-Fri 6:45-7:45 PM	Golda Marcus	Saratoga High School	\$158
	<b>Sprinter 3</b> (Ages 11-14)	Mon-Fri 7:00-8:00 PM	Kristen Clarno	Saratoga High School	\$158
	<b>Turbo 1</b> (Ages 10 and Under)	Mon-Fri 4:30-5:30 PM	Kristen Clarno	Saratoga High School	\$158
	<b>Turbo 2</b> (Ages 10 and Under)	Mon-Fri 5:45-6:45 PM	Golda Marcus	Saratoga High School	\$158
	<b>Post/Grad/College</b>	Group practice times and coaches will be determined at time of placement	N/C		