

**DACA PRE-COMPETITIVE SWIMMING
AT SARATOGA HIGH SCHOOL**

WINTER 2018 GENERAL INFORMATION

Sponsor: De Anza Cupertino Aquatics/DACA (408) 253-7946

Location: Saratoga High School
20300 Herriman Ave., Saratoga, CA 95070

Parking: Free

Cancellation & Refund/Credit Policy:

Cancellations must be made prior to the beginning of a new session for a full refund of fees. Once a session has begun, fees will be prorated as of the week following the refund or credit request. A \$25.00 processing fee will be charged for cancellations after the session starts. **No refunds will be issued for cancellations during the final three weeks of a session.**

Make-up Policy:

There will be no make-ups for missed classes unless cancelled by DACA.

DACA Pre-Competitive Policy

- A \$25.00 processing fee will be assessed for class changes.
- Any credit balance for swimmers transferring from DACA Swim School to the Pre-Competitive Program will be refunded. Please contact DACA Swim School to notify them of this transfer.
- **Withdrawal:** To withdraw from the program, DACA must be notified via e-mail, fax, or US mail using the Withdrawal Form available at www.daca.org. Class cancellations are effective the week after DACA is notified. Refunds or credits will be effective the week following DACA's receipt of the notification.
- Pre-Competitive classes are generally held in all conditions. Lightning and other severe weather may result in cancellation. Refer to the DACA website (www.daca.org) for cancellation information.
- There are no refunds, credits or make-ups for missed classes due to severe weather conditions, or any other reason out of DACA's control.
- DACA reserves the right to cancel or re-schedule classes that do not meet a minimum of two students.
- No registrations will be accepted during the final three weeks of a session.
- Need based financial aid is available. Please contact the DACA office for an application at (408) 253-7946.

DACA PRE-COMPETITIVE SWIMMING

The Pre-Competitive program is for children ages 6-14. It is an introductory program designed to improve each swimmer's basic stroke and turn technique in preparation for the DACA Competitive Team. Sessions are offered year-round - Fall, Winter, Spring, and Summer. Classes are held two days per week, Monday and Wednesday or Tuesday and Thursday, for 30 minutes. The advanced level class is 40 minutes two days per week. Classes are also held once per week on Friday or Saturday for 60 to 80 minutes depending on the class level. The maximum class size is 7 swimmers per class. Swimmers must be comfortable in deep water, able to swim 25 yards freestyle (with side breathing) and backstroke to be considered for the program. Swimmers are assigned to a class level based on ability and age. The following are the Pre-Competitive Class Levels (novice to advanced): **Shark, Dolphin, and Emerald**

New Swimmers: *New swimmers must be evaluated prior to registration.* Evaluations will be held at Saratoga High School Pool at 7:00 PM on December 13, January 17, January 31, February 14, February 28, and March 21. No appointment necessary.

2018 WINTER CLASS SCHEDULE

JANUARY 5 – MARCH 17

M/W or T/TH 5:30-6:00 PM Shark, Dolphin
M/W or T/TH 6:00-6:30 PM Shark, Dolphin
M/W or T/TH 6:30-7:00 PM Shark, Dolphin
M/W or T/TH 7:00-7:30 PM Shark, Dolphin

Friday 6:00-7:00 PM Shark, Dolphin
Saturday 9:00-10:00 AM Shark, Dolphin

M/W or T/TH 5:30-6:10 PM Emerald
M/W or T/TH 6:10-6:50 PM Emerald
M/W or T/TH 6:50-7:30 PM Emerald

Friday 6:00-7:20 PM Emerald
Saturday 9:00-10:20 AM Emerald

- M/W Classes held from *Monday, January 8 – Wednesday, March 14*
- T/TH Classes held from *Tuesday, January 9 – Thursday, March 15*
- Friday Classes held from *Friday, January 5 – Friday, March 16*
- Saturday Classes held from *Saturday, January 6 – Saturday, March 17*

- *No Classes held on February 16, 17, 19, and 20.*

WINTER 2018 FEES:

- **Monday/Wednesday: Shark, Dolphin - \$285.00, Emerald - \$305.90**
- **Tuesday/Thursday: Shark, Dolphin - \$285.00, Emerald - \$305.90**
- **Friday or Saturday: Shark, Dolphin - \$300.00, Emerald - \$322.00**

**HOW TO ENROLL FOR DACA PRE-COMPETITIVE
AT SARATOGA HIGH SCHOOL**

WINTER 2018

JANUARY 5 – MARCH 17

New swimmers must to be evaluated before registering for the program (see evaluation dates below). Registrations will be processed on a first come, first serve basis. **Registration forms must be completely filled out – including birth date, phone number, parent name, Payment Option form, Medical & Emergency form, DACA Waiver form, parent/guardian's signature and date) with payment attached to insure the proper placement of each swimmer.** Incomplete information will delay the processing of applications. DACA reserves the right to cancel or re-schedule classes that do not meet a minimum of two students. The maximum class size is 7 swimmers per class.

MAIL REGISTRATION

To:

DACA Pre-Comp. Program, 1080 S. De Anza Blvd. San Jose, CA 95129

FAX REGISTRATION

To:

(408) 253-6443

CONFIRMATION OF ENROLLMENT

DACA will confirm registration via e-mail or phone call.

EVALUATION INFORMATION

No appointment is necessary. *Evaluations are mandatory for new swimmer placement in the DACA Pre-Competitive program.*

Upcoming evaluations are:

December 13, January 17, January 31, February 14, February 28, and March 21 at 7:00 PM at Saratoga High School Pool. Swimmers must be comfortable in deep water, able to swim 25 yards freestyle and backstroke to be considered for the program.

**DACA PRE-COMPETITIVE
WINTER 2018 REGISTRATION FORM
AT SARATOGA HIGH SCHOOL**

NAME _____
Last
First
MI

ADDRESS _____

CITY _____ ZIP _____

DATE OF BIRTH ____/____/____ SCHOOL _____ SEX: M F

PARENT NAME _____
Last
First

HOME PHONE: (____) _____ CELL/WORK PHONE: (____) _____

EMAIL: _____

	LEVEL	DAYS	TIME
FIRST CHOICE			
SECOND CHOICE			
THIRD CHOICE			

CLASS FEE:

- Monday/Wednesday: Shark, Dolphin - \$285.00, Emerald - \$305.90
- Tuesday/Thursday: Shark, Dolphin - \$285.00, Emerald - \$305.90
- Friday or Saturday: Shark, Dolphin - \$300.00, Emerald - \$322.00

TOTAL: CHECK PAYABLE TO DACA or CREDIT CARD = _____

- **Complete the Payment Option form for Credit Card payments.**

CURRENT DACA SWIM SCHOOL AND PRE-COMPETITIVE STUDENTS ONLY:
 FALL 2017 LEVEL: _____ DAYS: _____ TIME: _____

EVALUATION IS REQUIRED FOR NEW STUDENTS.

I have read and agree to the general and written policies of the DACA Pre-Competitive Program.

Parent/Guardian's Signature: _____

Date: _____

Payment Option Form

Parent/Guardian's Name: _____

Swimmer(s) Name: _____

Phone Number: _____

Please Select Credit Card:

MasterCard: _____ Visa: _____ Discover: _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

Name as it appears on the card: _____

Payment Details:

- All payments will be charged upon enrollment.
- The Payment Option Form must be completed before enrollment.
- A \$25.00 handling charge will be assessed for declined credit card charges. If a credit card payment is declined, you may be required to make a payment by Cashier's Check or Money Order.
- There will be no make-ups for missed classes unless cancelled by DACA.

Withdrawals: To withdraw from the Pre-Competitive program, DACA must be notified using the [Withdrawal Form](#). Withdrawal forms are available on the DACA website at www.daca.org. A \$25.00 cancellation fee will be assessed for withdrawals after the session has begun. Refunds and credits will be calculated weekly.

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 charge my credit card.

Cardholder Signature: _____

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

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 PHOTOGRAPH AND VIDEO RELEASE FORM

Dear Parent/Guardian,

On occasion, representatives from De Anza Cupertino Aquatics ("DACA") wish to photograph and/or videotape DACA students for the purpose of instructor training to be conducted under the direction of DACA management.

I give permission for my child to be photographed and/or videotaped by representatives from DACA for the purpose of instructor training. I authorize the use and reproduction by DACA, or anyone authorized by DACA of any and all photographs and/or videotapes taken of my child, without compensation to me or my child. All of these photographs/videos shall be the property, solely and completely, of DACA. I waive any right to inspect or approve the finished photographs/videotapes that may be used in conjunction with them.

Signature of Parent or Guardian: _____

Date: _____