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## Pre-Season High School Program

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Get in shape for the 2010 high school swim season. This program is for high school "summer rec" swimmers and is in compliance with the 2010 County Meet eligibility rules. It will not jeopardize your summer "rec" eligibility.

### **Program Information:**

**Thursday, December 3<sup>rd</sup> – February 5<sup>th</sup> (start of high school swimming)**

**Workouts: Monday thru Friday**

**Times: \*Varsity Level 3:30-5:00; Junior Varsity Level 5:00-6:30**

\*Varsity Level – Sophomore thru Seniors who have achieved NCS consideration times, DFAL Finals and/or can train 20x100's free on the 1:20). Coaches will recommend appropriate workout levels.

**Program Costs: \$295/swimmer (includes mandatory USA registration). \$225 for swimmers currently enrolled in Orinda Aquatics Fall Swim Program.**

**Optional Workouts – Beginning Monday, Nov. 9<sup>th</sup>**, swimmers enrolled in the pre-season program can attend fall workouts at Sleepy Hollow Pool, Orinda or Soda Center, Moraga.

Practices are Monday – Thurs. 6:30-7:40 (Soda Center) and 5:45-6:45 (Sleepy Hollow) and Saturday AM at the Soda Center 8:30-9:30. Must be registered, there is no extra fee for these workouts.

### **Program Policies:**

- **All registration forms/fees MUST be turned in before entering the water.**
- **Refunds: Refunds (less \$50 registration fee) allowed until Dec. 15<sup>th</sup>. After Dec. 15<sup>th</sup> – no refunds.**
- **There is no Pro-rating of registration fees.**

### **Send Registration Forms/Fees to:**

**Orinda Aquatics Pre-Season High School**

**5101 Coach Drive**

**El Sobrante, CA 94803**

**Questions: [Matt2Coach@comcast.net](mailto:Matt2Coach@comcast.net)**

Space Limited – Must register by December 3<sup>rd</sup>

# Orinda Aquatics Pre-Season High School Registration Form

Complete form and mail with fees:  
**5101 Coach Drive, El Sobrante 94803**  
*(Checks payable to Orinda Aquatics)*

**\*Must fill in completely - PLEASE PRINT CLEARLY**

<b>Preferred First</b>	<b>Middle</b>	<b>Last</b>	
<b>Date of Birth:</b>		<b>Age:</b>	M / F
<b>High School:</b>		<b>Grade:</b>	
<b>Currently Swimming in Fall Swim Program:</b>	<b>Yes</b>	<b>No</b>	
<b>Participated in Pre-Season HS program last year</b>	<b>Yes</b>	<b>No</b>	
<b>Home Address:</b>			
<b>City/Zip:</b>			
<b>Contact Email: (required)</b>			
<b>Home Phone Number:</b>			
<b>Parent Contact :</b>		<b>Cell Number:</b>	
<b>Emergency Information</b>			
<b>Emergency Contact:</b>			
<b>Medical Plan/Doctor:</b>			
<b>Policy Number:</b>		<b>Phone #:</b>	
<b>Medical Conditions:</b>			

## Permission to Participate/Medical Release

The undersigned, parent(s) or legal guardian(s) of \_\_\_\_\_ certify that he/she is of good physical condition and is fit for participation in the activities of Orinda Aquatics, Inc. I/We understand these activities include aerobic exercises, swim workouts, swim meets, and other activities routinely associated with the development and participation in USA Swimming functions (activities may include transportation to and from meets and swim related social functions). The undersigned shall jointly and severally hold Orinda Aquatics, Inc., all officers, agents, and employees of Orinda Aquatics, Inc. harmless from any and all liabilities for personal injury and property damage which might arise out of or relate to the conduct of participation in the activities of Orinda Aquatics, Inc. I/We fully understand the risks associated with physical activities such as competitive swimming and hereby give our permission for participation to the above participant for whom we are the legal parent(s) or guardian(s). I/We also hereby agree to the provision of emergency medical procedures that may be required due to illness or injury which might arise out of the participation in the activities of Orinda Aquatics, Inc. to provide emergency medical treatment through a fully licensed hospital or through the family physician or dentist listed.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Relationship to Swimmer*

\_\_\_\_\_  
*Date*