

# Newport Shores Swim Team 2012

The Newport Shores Swim Team is gearing up and we are looking for swimmers of all ages and abilities. Our slogan is "If you can swim the width of the pool by yourself, you are perfect for the team". During the season, every child is instructed to swim all four of the competitive strokes correctly. Our program de-emphasizes competition and concentrates on fun & improvement instead of winning.

## The Fee for the entire season includes:

- \*Swim Suit
- \*T-Shirt
- \*Individual Trophy
- \*Team Picture
- \*Practices 5 Days a Week\*Swim Meets w/Ribbons Through-out the Summer.

Newport Shores Resident's: \$330 (\$320 for 2<sup>nd</sup> Child, \$310 for 3<sup>rd</sup> Child, etc..)  
 Non-Resident's of Npt Shores: \$385 (\$375 for 2<sup>nd</sup> Child, \$365 for 3<sup>rd</sup> Child, etc..)  
 Fee includes \$10.00 insurance expense (One check made out to: OCAC)

### \*\*\* IMPORTANT FOR FIRST TIME SWIM TEAMERS \*\*\*

To be on the Swim Team, children need to be able to swim the width of the pool (50 feet) comfortably and without help. Often kids who were swimming like fish at the end of the summer are rusty and uncertain after a winter off. If you think your child needs a tune up before the first day of team practice, call Tricia at 949-514-4151 to set up a few private lessons.

**\*\*\*\*TEAMS FILL UP FAST AND MUST BE CLOSED FOR SAFETY ISSUES SO SIGN YOUR CHILD UP NOW\*\*\*\***

QUESTIONS? CALL THE SWIM OFFICE AT 949-548-5668  
 To Register, just complete the form on the reverse side.

### PRACTICE TIMES:

AGE	Tues & Thurs: May 29 - June 21	Mon thru Fri: June 25 to Aug 3
5 YEARS	3:00pm - 3:30pm	10:30am - 11:00am
6 YEARS	3:30pm - 4:00pm	10:00am - 10:30am
7 YEARS	4:00pm - 4:45pm	9:15am - 10:00am
8 & OVER	4:45PM - 5:30PM	8:30am - 9:15am

### "TENTATIVE" SWIM MEET SCHEDULE:

Wednesday, June 27	Intra-Squad @ N.S.	7 & up 8:45am/5&6 10:00am
Monday, July 2	N.S.vs ShadyCanyon @ N.S.	7 & up 8:45am/5&6 10:00am
Wednesday, July 11	N.S vs BalboaBayClub @ NS	7 & up 8:45am/5&6 10:00am
Thursday, July 19	N.S.vs LongBeachYC @ NS	7 & up 8:45 / 5 & 6 10:00am
Thursday, July 26	N.S. Team Pictures/Coin Dive	Regular workout times
Thursday, Aug. 2	N.S/BBC/OCC @ OrangeCoastCollege	5 & 6 4:45/7 & up 6:00pm
*Sat. Aug 4-	All-Star Championship @ OCC - not all kids attend this meet	
Sunday, Aug. 5	Pot Luck @ N.S.	11:00 am

**ORANGE COAST AQUATIC CONFERENCE  
WAIVER/RELEASE OF LIABILITY**

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, \_\_\_\_\_, the parent/guardian of the enrolled participant, agree and understand that swimming is a HAZARDOUS activity. I recognize there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

As a condition of participation in the Swim Team, I waive any and all claims against the Newport Shores Community Association, it's affiliates and agents for any injury or damage sustained as a direct or indirect result of participating in these activities. I also promise to hold the Newport Shores Community Association, it's affiliates and agents, harmless and indemnify them for any damage, expenses or judgement that they may incur as a direct result of such participation.

The participant hereby agrees to participate in the swim team and hereby agrees to indemnify and hold harmless the OCAC, Inc., it's coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the swim team. The participant also agrees to indemnify the OCAC, Inc. for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of the OCAC, Inc. to have the participant treated in any medical emergency during their participation in the swim team. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

My children are physically fit and have no injuries or disabilities which affect their participation in the activities described above. I have noted on the bottom of this form any medical/health problems of which the staff should be aware. **I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Participant's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age as of June 1: \_\_\_\_\_

Parent's or Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Swimmer's shirt size: Child's Medium \_\_\_\_\_, Large \_\_\_\_\_, Adult Small \_\_\_\_\_, Medium \_\_\_\_\_

**TO SIGN UP:**

1. Complete Registration Information and sign Release.
2. Make check for Season Fee to: OCAC Inc.
3. Mail to: The Newport Shores Swim Team, c/o

P.O. Box 15065, Newport Beach, CA 92659

**\*Note:** Registration in the OCAC, Inc. provides liability and secondary medical insurance coverage for athletes and coaches during all practices and meets.