

## Swim Team Registration

Welcome to the 2009 ClubSport Valley Vista Swim Team. Once again we anticipate a great summer, with excellent coaching, a full swim meet schedule, and many fun activities. This packet contains registration materials and related information.

### Registration By Mail:

**Please register by mail and save yourself time on registration day.**

*Registering and paying by mail will allow you to go directly to the parent participation sign up table on registration day.*

*Your place in line for parent participation will be determined by when your registration was received.*

- 1. Complete the attached registration and release form to include all swimmers.**
- 2. Attach checks payable to Valley Vista Swim Team for team fees.**

<u>Status</u>	<u>Regular Team Fee</u>
Club Member *	\$ 290 per swimmer
Age 15 -18 years	\$ 150 per swimmer
This fee includes pool usage, coaching, insurance, meet entry fees and trophies.	

Multiple swimmer discount – first two swimmers are regular team fee, third swimmer is \$150 regardless of age, and 4<sup>th</sup> swimmer is free. Any fee questions please call Michelle Sharpes at (925) 296-0450.

**There are no refunds after May 15th.**

- 3. Attach checks for:**
  - Responsibility Deposit - \$100.00**  
This will be torn up or returned upon request after parent participation requirements are completed at the end of the season.
  - Snack Bar Buy Out - \$40.00** (This is optional you may also sign up for food donation at registration.)

- 4. Mail registration form with fees to:**
  - Michelle Sharpes**
  - 175 Pine Creek Road**
  - Walnut Creek, CA 94598**

- 5. Attend registration day at Sports Basement on Thursday, March 12th, 6 pm – 9 pm.**

Please note registration is off site. Sports Basement is located at 1881 Ygnacio Valley Rd in Walnut Creek (across from Heather Farms).

- Sign-up for swim meet parent participation (**bring your calendar**).
- Sign-up for food donations.
- Swim Orders - swimmers can be sized for swim suits and order t-shirts, sweatshirts and caps for pick-up at parent meeting on **Tuesday, May 12<sup>th</sup> at 7:00 pm.**
- New swimmer evaluation will be held on Sunday, March 15<sup>th</sup> from 9:00 am until 12:00 at ClubSport Valley Vista Pool. Get your child evaluated for swim team or for our cudas swim program on this day.

- 6. Attend Mandatory Parent Meeting on Tuesday, May 12<sup>th</sup> at 7:00pm at Walnut Acres.**

This is a mandatory meeting for all new and returning parents. If you do not attend you will incur an additional parent participation credit.

\* Club member means that your child must be a member in good standing of ClubSport.

## **ClubSport Valley Vista Membership**

Please call Jim Meese at ClubSport if you have questions regarding membership at 934-4050. Swim team can not answer questions regarding club membership.

### **Parent Participation:**

It takes willing parents to run a swim team. Therefore, **each family is required to sign-up for and work parent participation jobs to help run the meets. Parent participation applies to our regular dual meets. In addition to those job credits there are weekend invitational meets, and league/county championship meets that you will have to participate in.**

\* 15 - 18 swimmers and their parents do not have parent participation responsibilities; however they are required to make the snack donations.

\* **All Families will be assigned separate parent participation roles for Invitational Meets, City Meet and League Meet.**

### **Communication:**

You may also access up to date information on the team at our website: <http://www.vvst.com>. Please also check the bulletin board on the deck for additional information.

### **Schedule:**

Refer to [www.VVST.com](http://www.VVST.com) for the schedule. The greatest reward comes with working toward a goal. The swim team commitment includes:

1. 5-day/week practices
2. Home and away swim meets with one other team
3. Participation in **Invitational Swim Meets**

Family vacations are great - however, you will always be missed. Please make every attempt to schedule your Vacation around **Walnut Creek City Meet (July 11 & 12) and League Meet (August 1 & 2).** These meets count every swimmer for scores.

<b>Dates to remember:</b>	<b><u>Registration Day</u></b>	<b><u>Thursday, March 12<sup>th</sup> 6:00 PM</u></b>
	<b><u>Cuda/Swim Evaluation</u></b>	<b><u>Sunday, March 15<sup>th</sup> 9:00 am to noon</u></b>
	<b><u>Cuda Program Starts</u></b>	<b><u>Monday, April 6th</u></b>
	<b><u>Pre Season workout begins</u></b>	<b><u>Monday, April 20th</u></b>
	<b><u>Mandatory Parent Meeting</u></b>	<b><u>Tuesday, May 12<sup>th</sup> 7:00 PM</u></b>
	<b><u>Time Trials</u></b>	<b><u>Sunday, May 17th at 10:00am</u></b>

**Swim Team Questions?** Call Michelle Sharpes at (925)296-0450 or email [mdsharpes@aol.com](mailto:mdsharpes@aol.com)  
Please feel free to call or email with any questions!!

**ClubSport Valley Vista Swim Team**  
**Registration and Release Form**

Last Name: \_\_\_\_\_ (Age as of June 15<sup>th</sup> )

First Name/s: \_\_\_\_\_ M / F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Amt: \$ \_\_\_\_\_  
\_\_\_\_\_ M / F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Amt: \$ \_\_\_\_\_  
\_\_\_\_\_ M / F Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Voluntary Contribution (to defray budget costs including coaches' salaries and benefits) Amt: \$ \_\_\_\_\_

VVST is a 501 © (3) non-profit organization. Your donation is tax deductible. Tax ID # 56-2470433

Total: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

Family E-Mail: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I am the undersigned parent or guardian of the above named child/children. I understand that ClubSport Valley Vista Swim Team is a non-profit, volunteer youth sports program, and I agree to hold the organization, coaches, associates, and agents harmless from any and all injuries which may be incurred by my child/children while attending any swim team function. I authorize a designated agent of ClubSport Valley Vista Swim Team to seek medical attention on behalf of my child/children as may be deemed necessary. I hereby give permission for my child/children to attend all swim team activities. Additionally, I agree to hold the owners, agents and employees of the Club, or not included, harmless from any or all injuries, which may be incurred by my child/children while attending any swim team activity.

I understand that each family is required to perform **parent participation roles throughout the season** and that number may change based on final enrollment. In addition, **each family will work City Meet, League Meet and any Invitational in which my child participates.**

I agree to be bound by all the rules and policies of the ClubSport Valley Vista Swim Team and the organization of which it is a member.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

ClubSport Valley Vista Member? Yes / No      Membership#: \_\_\_\_\_  
(Child must be a member in good standing of ClubSport to answer this question yes)

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(Office use only)

Number of swimmers under 15 years old: \_\_\_\_\_  
Number of swimmers 15 and over: \_\_\_\_\_

Amount due: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Check #: \_\_\_\_\_

\$100 parent participation deposit: Yes / No

\$40 Snack Bar Buyout: Yes / No

## Cuda Program Registration and Release Form

The Cuda Program is a program to develop young swimmers over a five-week period. The children are put in small groups by ability and progress through swim skills according to that ability. At the end of the 5 weeks, most of the kids can move to the swim team safely. The Cuda program will run from Monday, April 6th through Friday May 15<sup>th</sup> (There will be no classes Spring Break April 13<sup>th</sup> to 17<sup>th</sup>). There will be two sessions offered: 3:30 p.m. - 3:55 p.m. and 4:05 to 4:30 p.m. Priority is given to siblings of swim team members and from there it is on a first come first serve basis.

Your child will be evaluated and, based on each child's ability, a recommendation on whether Cudas is appropriate will be made. Swim evaluations will be done on **Sunday, March 15th from 9:00 am until 12:00 at ClubSport Valley Vista pool.**

**\$175 Club Sport Members**

**\$225 Non-Club Sport Members**

**If you are interested in signing up your child/children, please complete the following form and bring it with you along with payment to the swim evaluation on March 15<sup>th</sup> from 9:00 am until noon at the ClubSport Valley Vista Pool.**

**If the balance of Cudas is not paid in full by the first day your spot will be surrendered. All Cudas who graduate receive a \$30 credit toward swim team.**

**For any questions, call BJ Henry at (925) 939-4435.**

**Last Name:** \_\_\_\_\_

**First Name/s:** \_\_\_\_\_ **M / F Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ **M / F Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_ **M / F Birthdate:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

I am the undersigned parent or guardian of the above named child/children. I understand that ClubSport Valley Vista Swim Team is a non-profit, volunteer youth sports program, and I agree to hold the organization, coaches, associates, and agents harmless from any and all injuries which may be incurred by my child/children while attending any swim team function. I authorize a designated agent of ClubSport Valley Vista Swim Team to seek medical attention on behalf of my child/children as may be deemed necessary. I hereby give permission for my child/children to attend all swim team activities. Additionally, I agree to hold the owners, agents and employees of the Club, or not included, harmless from any or all injuries, which may be incurred by my child/children while attending any swim team activity.

I agree to be bound by all the rules and policies of the ClubSport Valley Vista Swim Team and the organization of which it is a member.

\_\_\_\_\_  
**Signature of Parent or Guardian**

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

**ClubSport Valley Vista Member? Yes / No**      **Membership#:** \_\_\_\_\_  
**(Child must be a member in good standing of ClubSport to answer this question yes)**

.....  
(Office use only)

**Number of swimmers:** \_\_\_\_\_

**Swimming Ability** \_\_\_\_\_

**Amount Due:** \_\_\_\_\_ **Amount paid:** \_\_\_\_\_ **Check #:** \_\_\_\_\_