

Los Paseos Aquatic Club

2014 REGISTRATION INSTRUCTIONS

Thank you for your interest in the Los Paseos Aquatic Club swim team!

To register for the 2014 LPAC swim season, all applicants must complete the following steps.

STEP 1: Complete registration forms. These forms were e-mailed to all returning LPAC families and can also be downloaded and printed from our team website (see web address below). Please be sure to complete all five forms:

- 1: Membership Application
- 2: Required Parent Support Policy / Photo Release
- 3: VCSL Code of Conduct (*note: swimmers and parents must sign*)
- 4: Waiver / Release of Liability
- 5: Emergency Form

STEP 2: Pay registration fees in full at time of registration. For each swimmer, registration fees include team membership, photos, ribbons, trophies, insurance, Spirit Night, and Team Banquet.

Please make checks payable to “**Los Paseos Aquatic Club**” or just “**LPAC**”. Fees are calculated as follows:

<i>Los Paseos Association Members</i>	<i>Non-Association Members</i>	<i>New swimmers only</i>
\$170 first swimmer	\$190 first swimmer	Please add \$15 for each new swimmer for one-time application fee
\$150 for each additional swimmer	\$170 for each additional swimmer	

STEP 3: Turn in registration forms and payment on the dates listed below.

<i>Returning LPAC Families Mail-in Registration due March 21</i>	<i>New Families Walk-In Registration on April 12</i>
<p>Registration forms and payment must be received no later than Friday, March 21. If your registration is not received by this date, you will lose your returning member status on the team, and a \$10 per swimmer fee will be assessed for late registration.</p> <p>Please mail (or drop off) completed forms and payment to: LPAC c/o Los Paseos Clubhouse 7047 Via Ramada San Jose, CA 95139</p> <p>**IMPORTANT: Please be sure to address your envelope to “LPAC” so it is easy to distinguish from Association-related mail!</p>	<p>Bring registration forms and payment to the Los Paseos Club House at 7047 Via Ramada on Saturday, April 12 from 8:00 to 9:00 a.m.</p> <p>All completed applications will be processed based on enrollment priorities specified in our contract with the Los Paseos Homeowners Association.</p>

STEP 4: Attend the LPAC Parent Meeting at the Los Paseos Clubhouse on **Thursday, April 24** at 7:30 pm. This meeting is mandatory for all new families. Returning families should come by to meet the coaches, sign up for volunteer positions, and pick up the LPAC season calendar and other handouts. All families are welcome to stay for the orientation.

For additional information, please call Julie Jackson (408) 227-9522 or send e-mail to: j4mailbox-lpac@yahoo.com.

Additional forms can be downloaded from the LPAC website: http://eteamz.active.com/lospaseos_penguins/handouts/

*Los Paseos Aquatic Club***MEMBERSHIP APPLICATION**

Father / Guardian Name: _____

Mother / Guardian Name: _____

Home Address: _____

Home Phone: _____

*E-mail Address: _____

Note: Most LPAC communication is done via e-mail. Please provide a **single e-mail address that you check regularly.* Yes No Are you currently a member of the Los Paseos Association (either homeowner or associate member)? Yes No Do you currently live within the Los Paseos Association boundaries
(west of Highway 101, south of Bernal Road, east of the golf course and Tulare Hill)? Yes No May we share your contact information with other swim team families? Yes No Graduating high school seniors only: Do you want to "age out" at the end of this season?

<i>Swimmer's Last Name</i>	<i>First Name</i>	<i>Sex</i>	<i>Date of Birth</i>	<i>Current Grade (2013-14)</i>

Fees are calculated as follows. Please make checks out to "Los Paseos Aquatic Club" or "LPAC."

<i>Los Paseos Association Members</i>	<i>Non-Association Members</i>	<i>New Swimmers Only</i>
\$170 first swimmer	\$190 first swimmer	Please add \$15 for each new swimmer for one-time application fee
\$150 for each additional swimmer	\$170 for each additional swimmer	

FOR LPAC USE ONLY

<i>Date Application Received</i>	<i>Registration Status</i>	<i># of Swimmers</i>	<i>Amount Received</i>	<i>Check #</i>	<i>Registration Complete?</i>

*Los Paseos Aquatic Club***REQUIRED PARENT SUPPORT POLICY**

This Parent Support Commitment and Agreement is required to register your swimmer(s) in the Los Paseos Aquatic Club (LPAC). Parent support is required in order to run the swim meets in a timely and efficient manner. The LPAC by-laws Article II, Section 5.b.2 states that members or LPAC have the following responsibilities: to cooperate in support of all club activities, and to attend and assist at swim meets.

Each swimmer must have a parent (guardian) sign and commit to comply with this policy. Family support can be contributed by a parent, grandparent, or any adult family representative. Each family is required to assist at each meet, both home and away, when their child swims. Volunteer positions will be filled on a first-come, first-serve basis, starting at the preseason Parent Meeting. Parents must sign up for and work one position shift (half of each meet) for each meet in which their swimmer(s) participate. Parents must also sign up for and work one position shift for the VCSL Championship Meet. Families with multiple swimmers on the team may be asked to fill more than one shift.

Each meet requires 100 volunteer positions to be filled for the meet to run. Positions include: timers, runners, recorders, hospitality, stroke and turn, clerk of the course, snack bar, garbage and bathroom patrol, etc. There are also some volunteer positions that can be completed before the day of the meet. Families who have a hardship working the meet(s) need to contact the LPAC Volunteer Coordinator to arrange an alternate support schedule.

Per our bylaws, families who do not fulfill their parent support obligations will not be in good standing with the club, and their swimmers will not be allowed to return to the team the following year. In addition, a monetary fee may be assessed to compensate for the lack of participation.

As the parent or guardian of _____, I have read the above required parent support policy for the LPAC swim team and understand that if my family does not fulfill the required support this year, my child(ren) will NOT be allowed to participate in Championships and will not be allowed to return to the team the following year. I also understand that my family may be charged an additional fee for lack of participation.

Parent or Guardian Signature _____ Date _____

PHOTO RELEASE

Each year parent volunteers take photographs and video of LPAC swimmers and family members for the end-of-the-season slide show video. We also sometimes use pictures in promotional materials and post photographs at the pool to promote team spirit.

I give Los Paseos Aquatic Club permission to publish in print, electronic, or video format the likeness or image of me and/or my child(ren). I release all claims against LPAC with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Participant Signature (if 18): _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

*Los Paseos Aquatic Club***VCSL CODE OF CONDUCT**

Valley Cabana Swim League (VCSL) wishes to foster an environment that is fun, safe, friendly, motivational and respectful while our swimmers learn proper techniques and compete in the summer swim league.

We have developed this Code of Conduct to promote teamwork, courtesy and respect for our teammates, coaches, volunteers, officials and opponents. Please review this Code of Conduct with your swimmer(s), sign below, and return with your registration.

- I agree to abide by the Club's established pool rules.
- I agree to respect teammates, coaches, meet officials and opponents at all times.
- I will offer encouragement and friendship to my teammates.
- I recognize that everyone has something to offer our team, even if it is not always fast swimming.
- I agree to be positive with fellow swimmers, and courteous and respectful to other teams and their property at all times.
- I understand that abiding by this Code of Conduct is just as important as practicing hard, and I will be a good teammate.
- I agree to accept consequences, as decided by the coaches and/or meet directors, if I violate the Code of Conduct.

All LPAC swimmers (and one parent/guardian) must sign below.

Swimmer Signature: _____ Date: _____

Swimmer Signature: _____ Date: _____

Swimmer Signature: _____ Date: _____

Swimmer Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Los Paseos Aquatic Club

WAIVER / RELEASE OF LIABILITY

PLEASE READ CAREFULLY BEFORE SIGNING.

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

I, _____, the enrolled participant, and/or _____,
Swimmer name (if 18 years or older) *Parent name*

parent/guardian of the minor participant(s) listed below, agree and understand that participating on the Los Paseos Aquatic Club (LPAC) includes swimming, diving, and other activities. I understand that some of the activities may be considered hazardous activities which may include, but are not limited to: swimming, beach events, bonfires, broom ball, dancing, trampoline games, water games, river rafting, dodge ball, volleyball, commuting to and from events, and any other swim team activity or any other swim team field trip that is organized by LPAC. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

Further, each participant agrees to follow any and all rules and laws surrounding any LPAC activities.

Each participant hereby agrees to indemnify and hold harmless Los Paseos Aquatics Club (LPAC), its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in ANY listed or possible activity organized by the Los Paseos Aquatics Club. The participant also agrees to indemnify LPAC for any damages incurred arising from any claims, demand, action or cause of action by the participant.

Each participant also hereby agrees to indemnify and hold harmless the Los Paseos Association (LPA), its officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in ANY listed or possible activity organized by the Los Paseos Aquatics Club. The participant also agrees to indemnify LPA for any damages incurred arising from any claims, demand, action or cause of action by the participant.

Each participant authorizes any representative of LPAC to have the participant treated in any medical emergency during participation in swimming or any off-site activities. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Participant Signature (if 18): _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Please list names of all minor participants (swimmers) below:

Los Paseos Aquatic Club

EMERGENCY FORM

Note: It is OK to list multiple swimmers on one form.

PRIMARY CONTACT INFORMATION

Swimmer Name(s): _____

Father / Guardian Name: _____

Phone: Home _____ Work _____ Cell _____

Mother / Guardian Name: _____

Phone: Home _____ Work _____ Cell _____

Family Physician: _____

Physician's Phone: _____

Medical Plan / Policy #: _____

IN CASE OF EMERGENCY CONTACT:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

PARENT OR GUARDIAN MEDICAL TREATMENT AUTHORIZATION

In the event of injury or illness to my child(ren) _____, I hereby grant authority to a qualified PHYSICIAN to render such medical treatment as said PHYSICIAN deems necessary under the circumstances.

Please list any medical problems or prohibitions (specify child's name):

NOTE: The Los Paseos Association Coaches, Staff, Board Members will not dispense any medication to your child(ren). Please ensure their medication is not required during LPAC activities unless you as a parent or guardian are available to dispense the medication.

LEGAL AUTHORIZATION AND CONSENT FOR ABOVE

Parent or Guardian Signature: _____ Date: _____