



Los Paseos Aquatic Club Please keep page 1 for your records
2026 REGISTRATION INSTRUCTIONS

Thank you for your interest in the Los Paseos Aquatic Club swim team!
 To register for the 2026 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 <https://swimlpac.org>. Please be sure to complete all eight forms:

- | | |
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| <ul style="list-style-type: none"> <input type="checkbox"/> 1: Membership Application <input type="checkbox"/> 2: Required Parent Support Policy <input type="checkbox"/> 3: LPAC Code of Conduct <input type="checkbox"/> 4: VCSL Code of Conduct | <ul style="list-style-type: none"> <input type="checkbox"/> 5: Photo Release <input type="checkbox"/> 6: Waiver / Release of Liability <input type="checkbox"/> 7: LPAC Concussion Protocols 2026 <input type="checkbox"/> 8: Emergency Form |
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STEP 2: Pay registration fees in full at time of registration. For each swimmer, registration fees include team membership, and all activities associated with the 2026 season. Note that registration fees cannot be refunded after the first week of practices. 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>
\$355 first swimmer	\$375 first swimmer	Please add a \$15 one-time application fee for each new swimmer. A separate check is required if the new swimmer is a sibling of a returning swimmer
\$335 for each additional swimmer	\$355 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 7, 2026</i>	<i>New Families Walk-In Registration on March TBA, 2026</i>
<p>Registration forms and payment must be received no later than Saturday, March 7. If your registration is not received by this date, you will be considered a “new swimmer” and must participate in the walk-in registration as well as pay the “new swimmer fee”.</p> <p style="text-align: center;">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>* We also accept Zelle Payment using Treasurer@swimlpac.org include LPAC 2026 Reg Fee in memo along with swimmer name(s).</p> <p><i>**IMPORTANT: Please be sure to address your envelope to “LPAC” so it is easy to distinguish from Association-related mail.</i></p> <p><i>*** We will not accept e-mailed applications, they must be submitted as a hard copy no later than March 7.***</i></p>	<p style="text-align: center;">Walk-in Registration begins Saturday, March TBA, 2026 starting at 8:00 AM and ending by 9:00 AM.</p> <p style="text-align: center;">If you know someone that is interested in joining our 2026 LPAC Cabana Club season, please have them send an email to: info@swimlpac.org Include 'NEW FAMILY 2026' in the subject.</p> <p style="text-align: center;">* We also accept Zelle Payment using Treasurer@swimlpac.org include LPAC 2026 Reg Fee in memo along with swimmer name(s).</p>

Los Paseos Aquatic Club
MEMBERSHIP APPLICATION

Parent / Guardian #1 Name:

Parent / Guardian #2 Name:

Home Address: _____

Cell Phone: _____

*E-mail Address:

**Note: All LPAC communication is done via email. Please provide an 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>Swimmer's First Name</i>	<i>Sex</i>	<i>Preferred Pronouns She/Her; He/Him or They/Them</i>	<i>Date of Birth</i>	<i>Current Grade (2025-26)</i>

Fees are calculated as follows. Please make checks out to “Los Paseos Aquatic Club” or “LPAC.” Please write separate checks for registration if you have a returning swimmer(s) and a new swimmer(s).

<i>Los Paseos Association Members</i>	<i>Non-Association Members</i>	<i>New Swimmers Only</i>
\$355 first swimmer	\$375 first swimmer	Please add \$15 for each new swimmer for one-time application fee
\$335 for each additional swimmer	\$355 for each additional swimmer	

We are accepting payments through Zelle, find us using ~ Treasurer@swimlpac.org. If paying via Zelle, send ***one*** payment and please reference swimmer(s) and what is being paid (i.e. Registration 2026 & applicant fee).

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 of 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. A family representative that is capable of volunteering, must be available whenever a swimmer is present at a swim meet regardless of the swimmer's age. Each LPAC family with one swimmer will need to support 4 to 5 shifts of work throughout the regular season per swimmer. Each LPAC family with 2 or more swimmers will need to support 8 to 10 shifts of work throughout the regular season. The number of shifts required will be based on the number of home meets each season. Sign up for home meet shifts are on a first-come, first-served basis at the beginning of the season. Away meet shifts will be assigned and coordinated to ensure fairness for those families who do not sign up for enough shifts during home meets.

Swim meet volunteering is separate from volunteering at special events. Volunteering at special events does not satisfy parent support for swim meets.

Please visit the Volunteering page under the Team Info tab on the website (www.swimlpac.org) for further information on the positions available. Families who have a hardship working the meet(s) need to contact the LPAC Volunteer Coordinator to arrange an alternate support schedule and or activities.

In addition to working volunteer shifts, each LPAC family will be responsible to clean up at one of our home meets. You can sign up at the beginning of the season on a first-come, first-served basis. You will be assigned a date if you do not sign up.

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 return to the team the following year with returning swimmer status. I also understand that my family may be charged an additional fee for lack of participation.

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's Name (if 18 years or older) *Parent name*

parent/guardian of the minor participant(s) listed below, agree and understand that participating in 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, broomball, dancing, trampoline games, water games, river rafting, dodgeball, 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 Home Owners Association (LPHOA), 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 LPHOA 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

LPAC Code of Conduct

The Los Paseos Aquatic Club has developed this code of conduct to help ensure a positive and safe environment for our teammates, coaches, parents, and volunteers. LPAC strives to maintain a positive relationship with the Los Paseos Homeowners Association and we continue to rely on their support as renters of their property. Please review this code of conduct with your swimmer(s), sign below, and return with your registration.

- I agree to respect teammates, coaches, parents, and volunteers at all times.
- I agree to respect the pool and surrounding pool decks at all times.
- I agree to be respectful in and around the bathrooms at all times.
- I agree not to bring any phone, personal electronic device or recording device into the bathrooms.
- I agree to be respectful in and around the clubhouse at all times.
- I agree to stay only on the sports court , picnic, and grassy areas with coordinated knowledge of adult supervision for myself if I am present during a practice other than my own. The Clubhouse is off limits.
- I agree to accept the consequences as decided by the coaches, parents, and or volunteers if I violate the Code of Conduct.

*****Consequences for violating the code of conduct are as follows:**

If the child has violated any item (e.g. wrestling with other children on the grass as would be a violation of “respect teammates”) a parent/coach will ask them who their supervising adult is, if they don’t know, the board & Head Coach will be notified and the following actions will be taken:

*1st notification – warning sent out to parents

*2nd notification – swimmer(s) will be excluded from an upcoming event to be determined by the head coach. Excessive repeated and egregious violations consequences may include but are not limited to a probationary swim period as well as a possible change in their standing as a member. Per the LPAC bylaws “Each family must be in good standing with the club during the previous swim season in order to be eligible for their swimmer(s) to qualify for returning swimmer registration status for the following swim season.”

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

Swimmer Signature: _____ 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: _____

Parent or Guardian Signature: _____

Date: _____

Los Paseos Aquatic Club

PHOTO RELEASE

Each year parent volunteers take photographs and video of LPAC swimmers and family members for the team website, the end-of-the-season slideshow video as well as for our Facebook, and Instagram LPAC accounts. 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) to be used for (select all that apply)

- LPAC team website, promotional materials and posting photographs at the pool to promote team spirit
- LPAC FaceBook account
- LPAC Instagram account

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

LPAC Concussion Protocols 2026

The Los Paseos Aquatic Club swim team requires that any swimmer that incurs a serious head injury or concussion be cleared by a licensed healthcare professional before participating in any swim practice or meet.

In the event of an injury, even if it occurs outside of an LPAC event, parents are required to promptly notify the head coach or a member of the Board of Directors that an injury has occurred to their swimmer. In the event a concussion is diagnosed by a licensed healthcare professional, and in compliance with state law, a mandatory graduated return to activity over 7 days will also be required.

LPAC coaches take the online concussion training class at <https://www.cdc.gov/headsup/index.html>. Parents and swimmers are also encouraged to take this free online program to learn more about treating and preventing concussions.

What is a concussion? A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms of concussion? Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

Symptoms reported by athlete:

Headache or ‘pressure’ in head	Sensitivity to light	Confusion
Nausea or vomiting	Sensitivity to noise	Just not ‘feeling right’ or is ‘feeling down’
Balance problems or dizziness	Feeling sluggish, hazy, foggy or groggy	
Double or blurry vision	Concentration or memory problems	

Signs observed by coaching staff:

Appears dazed or stunned Forgets an instruction	Unsure of game, score, or opponent	Can’t recall events prior to hit or fall
Confused about assignment or position	Shows mood, behavior, or personality changes	Can’t recall events after hit or fall
Moves clumsily	Loses consciousness even briefly	Answers questions slowly

Concussion Danger Signs: In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

One pupil larger than the other	Becomes increasingly confused, restless, or agitated	Repeated vomiting or nausea
Is drowsy or cannot be awakened	Slurred speech	Has unusual behavior
A headache that gets worse	Convulsions or seizures	Loses consciousness (even a brief loss of consciousness should be taken seriously)
Weakness, numbness, or decreased coordination	Cannot recognize people or places	

What should you do if you think your athlete has a concussion? (1) If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a healthcare professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play. (2) Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional. (3) Remember: concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

Why should athletes report their symptoms? If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

Did you know? Most concussions occur without loss of consciousness. Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults.

Please sign to acknowledge both parent and swimmer have read this information and understand the LPAC Concussion Protocols.

Swimmer (1): _____ Swimmer (2): _____
 (Please print swimmer name) (Please print swimmer name)

Swimmer (3): _____ Swimmer (4): _____
 (Please print swimmer name) (Please print swimmer name)

Swimmer Signature (if 18 or older): _____

Parent or Guardian Signature: _____

Los Paseos Aquatic Club

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

PRIMARY CONTACT INFORMATION

Swimmer Name(s): _____

Parent / Guardian #1 Name: _____

Phone: Home _____ Work _____ Cell _____

Parent / Guardian #2 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: _____

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: _____