



8/10/2011

**Bronze, Silver & Gold
Select Group
New Swimmer Application**

**PCA Dolphins
Fall Session 2011**

September 1st thru October 30th

At PCC/Sequoia: Mon-Fri

Sequoia High School Pool: Located off James Avenue, between El Camino Real and Clinton Ave, in Redwood City.

New Swimmers:

Please contact Coach Dave Knochenhauer at:
davek@peninsulacovenant.com for an evaluation / group placement.

PCA Website: www.pcaswimteam.com



Select Groups Bronze, Silver & Gold

PCA Fall Session 2011 September 1st through October 30th

Bronze, Silver, Gold Groups Begin: Sept. 1st 2011

<u>Bronze Group</u> *	at PCC	3:45-4:45PM	Mon-Fri
(Swimmers may attend four practices a week)			
<u>Silver Group</u> *	at Sequoia	5:45-7:00 PM	Mon-Fri
(Swimmers may attend five practices a week)			
<u>Gold Group</u> *	at Sequoia	5:30-7:00PM	Mon-Fri
(Swimmers may attend five practices a week)			

*Select Groups are by arrangement with Coaching Staff Only

\$20 less for second child; \$40 less for third child; fourth child free

Select Group Fees

<u>Group</u>	<u>Dates</u>	<u>Dues</u>	<u>+ PCA Annual Fee 9/1/11-8/31/12</u>	
Bronze Group:	9/1-10/30	\$200	+ \$20	= \$220
Silver Group:	9/1-10/30	\$225	+ \$20	= \$245
Gold Group:	9/1-10/30	\$250	+ \$20	= \$270

PLEASE KEEP THIS FORM FOR YOUR REFERENCE

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY

Member and any Guest of Member hereby acknowledges and agrees that their use of facilities, services, equipment or premises and their participation in programs, outings and events whether on or off the premises of Peninsula Community Center (PCC) may involve risk of injury to persons and property, including those described below, and Member and any Guest of Member assumes full responsibility for such risks. In consideration of being permitted to enter and/or participate in activities of Peninsula Community Center for any purpose including, but not limited to, observation, use of facilities, services or equipment, or participation in programs, events and outings in any way, whether on or off the premises of Peninsula Community Center, Member and any Guest of Member agrees to the following:

Member and any Guest of Member hereby releases and holds Peninsula Community Center (PCC) and Peninsula Covenant Church (PCC) and their directors, officers, employees, affiliates and agents harmless from any and all liability to Member and Member's personal representatives, guests, assigns, heirs, and next of kin for any loss or damage of whatsoever nature to Member or any guest of Member.

Member and any Guest of Member hereby expressly waives any claim of liability for personal/bodily injury or damages of whatsoever nature or kind which occurs to member or any guest of member and for any loss of or injury to person or property of whatsoever nature whether on or off the premises of PCC. This waiver includes, but is not limited to any loss, damage or destruction of the personal property of the Member of any guest of any Member and is intended to be a complete release of any responsibility for any personal injuries and/or property loss/damage sustained by any Member or any guest of any Member whether on or off the premises of PCC.

Member and any Guest of Member also hereby agrees to indemnify Peninsula Community Center (PCCC) and Peninsula Covenant Church (PCC) and their directors, officers, employees, affiliates from any loss, liability, damage or cost incurred as a result of any claim of whatsoever nature made by Member, Member's agent or Member's guest.

Member represents (a) that Member is in good physical condition and has no disability, illness, or other condition that could prevent Member from exercising without injury or impairment of health, and (b) that Member has consulted a physician concerning an exercise program that will not risk injury to Member or impairment of Member's health. Such risk of injury includes (but is not limited to): injuries arising from use by Member or others of exercise equipment and machines; injuries arising from participation by Member or others in supervised or unsupervised activities or programs at PCC; injuries and medical disorders arising from exercising at PCC such as heart attacks, strokes, heat stress, sprains, broken bones, and torn muscles and ligaments, among others; and accidental injuries occurring anywhere in PCC dressing rooms, showers and other facilities and including injuries off premises relating to a PCC activity. Member and Member's guest acknowledges that PCC has not and will not render any medical services including medical diagnosis of Member or Member's guest's physical condition.

Member further expressly agrees that the foregoing release, waiver and agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. Member has read this release and waiver of liability and indemnity clause, and agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

CONSENT/RELEASE & PHOTO FORM

In my absence and in the event of any emergency regarding my children, I hereby authorize the mentioned emergency contact person(s) or an adult leader of this program, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I grant to PCC the right to take photographs of me and my family in connection with the above-identified event. I authorize [insert organization], its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that PCC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Allergies (incl medication) _____ Physical limitations _____

Medical Insurance Co. _____ Doctor _____ Dentist _____

I hereby affirm that I have read and fully understand the above information.

 Parent's Signature _____ Date _____