

New Swimmers
Green, Red, Blue & Ruby*
Group Information

PCA Dolphins
Fall Session 2011

Weds Sept. 7th / Thurs. Sept. 8th through
Weds Nov. 16th / Thurs. Nov. 17th 2011



Questions?

Please contact PCA at robg@wearepcc.com or davek@peninsulacovenant.com
Or visit our website at: www.pcaswimteam.com

***NEW SWIMMER EVALUATIONS**

(required for class placement)

Please contact us for an evaluation appointment



Fun, Friendship & Fitness

“Our aim is not to produce champions,
but to produce an atmosphere
in which champions are inevitable.

Swimming is a means to an end
...to build self confidence, self discipline,
integrity and courage for life.”

Forbes Carlisle, Swim Instructor & Australian Olympic Coach



Team Structure

Green Group:

Emphasis is on improving stroke technique for entry level 10 & under swimmers. Practices are offered twice a week for 30 minutes. Please see the sign-up page for practice times and availability.

Red Group:

This group is for swimmers with skills that may include summer league/PCA experience. Emphasis is on improving stroke technique and race preparation. Ages 7 to 14. Practices are offered twice a week for 40 minutes. Please see the sign-up page for practice times and availability.

Blue Group:

This group is for swimmers who have completed PCA's Red level group, and who are familiar with stroke drills, reading the clock and good technique for all four strokes. Ages 7 to 14. Practices are offered twice a week for 40 minutes. Please see the sign-up page for practice times and availability.

Ruby Group:

This group prepares Red/Blue swimmers for the transition into the Bronze/Silver group. Ruby members focus on stroke technique, interval work and race readiness, while beginning to compete at local swim meets. Practices are three times a week for 40 minutes. Please see the sign-up page for practice times and availability.

Select Groups:

These groups are for advanced swimmers who will compete in USA Swimming meets throughout the year. Additional information is available at www.pcaswimteam.com.

Yours swimmingly,

Coach Dave Knochenhauer

and the PCA Dolphins Coaching Staff.

Green, Red, Blue & Ruby Practice Times

Fall Session 2011

Classes Begin: Wednesday September 7th for M/W classes
Thursday September 8th for T/TH classes

PLEASE SEE SIGN-UP SHEET FOR AVAILABLE TIMES AS CLASSES FILL

Green Groups Level 1

\$185*

Group	Time	Days	Site
Green A	3:45-4:15PM	M&W	at PCC
Green B	4:15-4:45PM	M&W	at PCC Class Full
Green C	3:45-4:15PM	T&TH	at PCC Class Full
Green D	4:15-4:45PM	T&TH	at PCC Class Full

Red Group Levels 2 and 3

\$210*

Group	Time	Days	Site	Age
Red A	4:45-5:25PM	M&W	at PCC	7-10 Class Full
Red B	5:25-6:05PM	M&W	at PCC	All
Red C	4:45-5:25PM	T&TH	at PCC	7-10
Red D	6:05-6:45PM	T&TH	at PCC	All

Blue Group Level 4

\$210*

Group	Time	Days	Site	Age
Blue A	4:45-5:25PM	M&W	at PCC	7-10 Class Full
Blue B	5:25-6:05PM	M&W	at PCC	10-13
Blue C	4:45-5:25PM	T&TH	at PCC	7-10
Blue D	5:25-6:05PM	T&TH	at PCC	10-13
Blue E	6:05-6:45PM	T&TH	at PCC	All

Ruby Group (by arrangement with coaching staff)

\$235*

Ruby	5:25-6:05PM	T&TH	at PCC
AND	4:45-5:25pm	Friday	at PCC

*PLUS \$20 PCA Annual Fee (9/1/11-98/31/12)

Please keep this page for your reference



NEW PCA SWIMMERS ONLY

**PCA Dolphins Swim Team Sign-Up Form
Fall 2011**

Sept. 7th/8th through November 16th/17th 2011

Swimmer Name: _____ Male Female
 Birthdate: _____ Age: _____ School: _____ Grade: _____
 Parent's Names: _____
 Address: _____
 City: _____ Zip: _____
 Phone: Home: _____ Work: _____ Other: _____
 E-mail Address Mother _____ please print neatly
 E-mail Address Father _____ please print neatly
 Emergency Contact: _____ Phone: _____
 Emergency Contact: _____ Phone: _____
 Swimmer's previous team (if any): _____ Last time they swam: _____

Please check which group you are signing up for and indicate **AT LEAST 3** time preferences (except Ruby swimmers) by using numbers (1), (2), and (3) on this form. Thank you.

Green Group: (A,B,C or D)

- () A 3:45-4:15 Monday and Wednesday
- () B 4:15-4:45 Monday and Wednesday
- () C 3:45-4:15 Tuesday and Thursday
- () D 4:15-4:45 Tuesday and Thursday

Red Group: (A,B,C or D)

- () A 4:45-5:25 Monday and Wednesday (7-10yrs)
- () B 5:25-6:05 Monday and Wednesday (All ages)
- () C 4:45-5:25 Tuesday and Thursday (7-10yrs)
- () D 6:05-6:45 Tuesday and Thursday (All ages)

Blue group: (A,B,C,D or E)

- () A 4:45-5:25 Monday and Wednesday (7-10yrs)
- () B 5:25-6:05 Monday and Wednesday (10-13yrs)
- () C 4:45-5:25 Tuesday and Thursday (7-10yrs)
- () D 5:25-6:05 Tuesday and Thursday (10-13yrs)
- () E 6:05-6:45 Tuesday and Thursday (All ages)

Ruby Group:

Tuesday, Thursday and Friday ONLY- Tuesday and Thursday from 5:25-6:05pm and Friday 4:45-5:25pm

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

<u>Groups</u>	Payment: (please check a group and a method of payment)
<ul style="list-style-type: none"> ___ Green Group \$185.00* ___ Red Group \$210.00* ___ Blue Group \$210.00* ___ Ruby Group \$235.00* *PLUS \$20 PCA Annual Fee 	<p>Method of Payment: Please check (x) one</p> <ul style="list-style-type: none"> () PCC Member ID Number _____ () Check# _____ (please attach check to form) () Credit Card (paid at PCC) Please attach receipt <p style="text-align: right;">AMOUNT PAID: \$ _____ DATE: ____/____/____</p>

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 _____