

DEL PRADO SWIM TEAM NEWSLETTER 2009

Our swim team is a competitive program in a recreational league. No swimmer is permitted to compete or practice in U.S. Swimming after January 1, 2009. The goal of the program is to improve swimming skills and to provide an enjoyable, low-key aquatic experience. It should be fun for competitors, parents, coaches, and friends. We are a team that relies heavily on the support of the team's parents. All parents are required to participate in the running of the meets.

COACHES:

We are so happy to welcome back Coaches John Reimer, Tom Juarez, and Jamie Plummer.

APPLICATIONS:

Swim team applications will be accepted by regular mail only. Any questions regarding registration should be directed to Eva Kitayama at either ekitayama@yahoo.com or 249-1152.

FEES:

Members - \$100/swimmer for the first two swimmers and \$95 for any additional swimmer in the family. Non-members - \$110/swimmer for the first two swimmers and \$105 for any additional swimmer in the family.

PRACTICE:

Practice will begin Tuesday, May 26 from 5:00-7:30 p.m. Beginning May 26 through June 10, practice will be held every weekday evening. (No practice on June 11 and June 12 due to year-end school activities.) Each evening practice is divided into three sessions and will be 50 minutes in length. Morning practices begin on Wednesday, June 17 and are divided into two practice sessions beginning at 8:00 a.m. and each lasting about 45-50 minutes.

CONDITIONING:

The Del Prado Cabana Club is again offering a conditioning program. This begins Monday, April 27-May 21 from 5:00-6:00, and is open to the general public. You will be able to sign-up for this program at the Parent Meeting on April 22. Look for more details in the Cabana Club Newsletter.

TEAM APPAREL:

Our suit this year is the TYR Poseidon Diamondback for girls and the Poseidon Splice Jammer or Racer for boys. We are using The Passionate Athlete, (440 Main Street, 931-0775) for all our suits, goggles, fins, and other related swim supplies. We will have a fitting day at the pool on Saturday, April 4 from 9:00 a.m. -1:00 p.m. Sales will be made and orders placed for the team suit. After that date, all orders/sales will be at the store on Main Street. All orders should be placed by April 30 for guaranteed arrival. We will also be taking orders for team apparel (t-shirts, sweats, bags, blankets) on April 4 and will also take orders on Tuesday, April 7 and Wednesday, April 8 from 6:00-8:00 p.m. at Toni Gates' home at 6647 Paseo Santa Cruz.

PARENT MEETING:

A mandatory "parents only" meeting will be held on Wednesday, April 22, from 7:00-8:00 p.m. in the multi-purpose room at Foothill High School. (NEW LOCATION) Swim Team policy will be presented. Information packets will be distributed. Sign-up sheets for volunteer positions for the swim meets will be available. It is important that every family be represented at this meeting.

TEAM COORDINATOR:

The chairperson for the 2009 swim season is Joan Strom. Any questions regarding the swim team may be directed to her at 462-5932 or stromj5@comcast.net

WEB PAGE:

This year the team will again be hosting a Web Page.
(See <http://delpradoswimteam.org>) Please check this site for all team-related information, results, and pictures from our meets.

DEL PRADO SWIM TEAM APPLICATION

INSTRUCTION SHEET 2009 – Application Due By March 1, 2009

Before applying for membership for your child/children, please be aware of the following:

- Swimmers who are 7 years and up must be able to swim the length of the pool. The swim team is not a swim lesson. We strongly encourage all swimmers ages 10 and under to be enrolled in swim lessons by the beginning of the swim season.
- Swimmers must be able to attend a minimum of 75% of all practices and participate in at least three swim meets.
- Attendance at practices may affect the number of events in which your child is entered.
- Parent participation at swim meets is required.
- No refunds will be given after Wednesday, June 10, 2009.

PROCESS FOR APPLICATION:

1. Fill out the following application forms completely, one per swimmer. (Copy more if necessary.) Return by mail only with a check payable to Del Prado Swim Team.

2. Send your check and application forms to:

Del Prado Swim Team
c/o Eva Kitayama
2607 Calle Reynoso
Pleasanton, Ca. 94566

(Important - Do not send your application to the Cabana Club or along with your Cabana Club dues. This will cause you to miss our team's registration deadline.)

3. Applications will be accepted by mail only. Del Prado Cabana Club members and returning non-members are considered ONLY if application and check are received by March 1, 2009. After that date, additions will be made based upon team need in each specific age group and the date application is received. Please make sure that each application is correctly addressed and that your check is enclosed. The final team roster will be posted at the pool on April 4. After April 4, we will only add swimmers to replace those who have dropped. Checks will be returned to those applicants not listed on the final roster.

2009 Del Prado Swim Team Schedule

| | | | |
|-----------|----------|---------|---------------------------------------|
| Saturday | June 20 | 9:00 AM | Briarhill vs. Del Prado (TBD) |
| Saturday | June 27 | 9:00 AM | Del Prado @ Club Sport Pleasanton |
| Wednesday | July 1 | 6:00 PM | Dublin @ Del Prado |
| Wednesday | July 8 | 6:00 PM | FAST @ Del Prado |
| Saturday | July 11 | 9:00 AM | Del Prado @ DBAC |
| Saturday | July 18 | 9:00 AM | Ruby Hill @ Del Prado |
| Saturday | July 25 | 9:00 AM | Pleasanton Meadows @ Del Prado |
| Saturday | August 1 | 8:00 AM | Championships @ Livermore Swim Center |

*The Championship Meet is the culmination of our season. Our team depends on full participation. If you choose to join our team, please plan on attending.

APPLICATION DUE BY MARCH 1, 2009

DEL PRADO SWIM TEAM APPLICATION AND EMERGENCY RELEASE FORM

(DUE BY MARCH 1, 2009)

(Mail to DPST, c/o Eva Kitayama, 2607 Calle Reynoso, Pleasanton, Ca 94566)

\$100-Member/\$95 for third (+) swimmer in family. \$110-Non-member/\$105 for third (+) swimmer in family.

SWIMMER INFORMATION: (Print child's name as you would like it to appear on the year-end award)

Name _____ Birth Date _____

Male _____ Female _____

Address _____ Age as of 6/1/2009 _____

City _____ Home Phone _____

E-mail Address (One that is checked regularly)

PARENT INFORMATION:

Father's Name _____

Alternate Phone _____

Mother's Name _____

Alternate Phone _____

EMERGENCY CONTACT:

Name _____ Phone _____

Relationship to swimmer _____

This year we will be publishing a team roster. This should facilitate finding replacements when you cannot fulfill your volunteer position. This roster is for the exclusive use of the Del Prado Swim Team. Any other use is prohibited.

PARENT/GUARDIAN APPROVAL RELEASE:

I, the parent or guardian of the above named swimmer, hereby give permission for him/her to participate in any and all of the activities of the Del Prado Swim Team during this season. I hereby agree to assume all risks and hazards, which may result from his/her participation. I further hereby absolve and release the Del Prado Swim Team and the Del Prado Cabana Club, and any persons connected with them, of any responsibility for any accident or injury as a result of his/her participation in any and all activities, including transportation to and from events.

I understand and acknowledge that although the Del Prado Cabana Club carries liability insurance coverage as stated in the excess insurance provision of the insurance policy, such coverage is secondary to the individual's personal insurance coverage.

Signed: _____ Date: _____

DEL PRADO SWIM TEAM AUTHORIZATION FOR EMERGENCY TREATMENT

(Mail to: Del Prado Swim Team)

In the event of any injury or sickness in the course of Del Prado Swim Team meets or activities, I authorize those in charge of the team to administer first aid, and if necessary, transport my son/daughter to a duly licensed physician or dentist or to a hospital for emergency treatment. If possible, I would prefer the following physician or dentist to be called:

Physician _____ Dentist _____

Address _____ Address _____

Phone _____ Phone _____

My son/daughter is allergic to the following medications:

My son/daughter is taking the following medications:

You should be aware of the following medical conditions:

My son/daughter _____ is covered by the _____

Company and may receive medical treatment with the medical ID# _____

Signed:

Parent or Guardian

Date