

## DEL PRADO SWIM TEAM NEWSLETTER 2010

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, 2010. 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 Tom Juarez, Jamie Plummer, John Reimer, and Assistant Coaches Jillian Blandino, Niki Doi, and Eric Gates.
- APPLICATIONS:** Swim team applications will be accepted by mail only. Any questions regarding registration should be directed to Eva Kitayama at either [ekitayama@yahoo.com](mailto:ekitayama@yahoo.com) or 249-1152.
- FEES:** Members - \$120/swimmer for the first two swimmers and \$115 for any additional swimmer in the family. Non-members - \$130/swimmer for the first two swimmers and \$125 for any additional swimmer in the family.
- PRACTICE:** Practice will begin Tuesday, June 1 from 5:00-7:30 p.m. Beginning June 1 through June 9, practice will be held every weekday evening. (No practice on June 10 and June 11 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 16 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, May 3-May 27 from 5:00-6:00, and is open to the general public. 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 17 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 17 and will also take orders on Tuesday, April 20 and Wednesday, April 21 from 6:00-8:00 p.m. at Toni Gates' home at 6647 Paseo Santa Cruz.
- PARENT MEETING:** This year we will not be holding an official parent meeting. Once registration has closed and the roster finalized, each family will receive all pertinent information via email. Any questions regarding that information will be answered at our fitting day at the pool on April 17. Sign-ups for volunteer positions for all the dual meets will also be taken that day.
- TEAM COORDINATOR:** The chairperson for the 2010 swim season is Joan Strom. Any questions regarding the swim team may be directed to her at 462-5932 or [stromj5@comcast.net](mailto:stromj5@comcast.net).
- WEB PAGE:** This year the team will again be hosting a Web Page. ([delpradoswimteam.org](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 2010 - APPLICATION DUE BY 3-1-10**

Before applying for membership for your child/children, please be aware that:

1. 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.
2. Swimmers must be able to attend a minimum of 75% of all practices and participate in at least three swim meets.
3. Attendance at practices may affect the number of events in which your child is entered.
4. Parent participation at swim meets is required.
5. No refunds will be given after Wednesday, June 9, 2010.

**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 Cabana Club*.

2. Send your check and application forms to:

Del Prado Cabana Club  
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, 2010. 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 17. After April 17, we will only add swimmers to replace those who have dropped. Checks will be returned to those applicants not listed on the final roster.

The schedule for the 2010 Del Prado Swim Team season is as follows:

<b>Saturday</b>	<b>June 19</b>	<b>9:00 AM</b>	<b>FAST @ Del Prado</b>
<b>Saturday</b>	<b>June 26</b>	<b>9:00 AM</b>	<b>DBAC @ Del Prado</b>
<b>Wednesday</b>	<b>June 30</b>	<b>6:00 PM</b>	<b>Briarhill @ Del Prado</b>
<b>Wednesday</b>	<b>July 7</b>	<b>6:00 PM</b>	<b>Club Sport @ Del Prado</b>
<b>Saturday</b>	<b>July 10</b>	<b>9:00 AM</b>	<b>Del Prado @ Dublin</b>
<b>Saturday</b>	<b>July 17</b>	<b>9:00 AM</b>	<b>Ruby Hill @ Del Prado</b>
<b>Saturday</b>	<b>July 24</b>	<b>9:00 AM</b>	<b>Del Prado @ Pleasanton Meadows</b>
<b>Saturday</b>	<b>July 31</b>	<b>8:00 AM</b>	<b>Championships @ DBAC</b>

**\*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, 2010

## DEL PRADO SWIM TEAM APPLICATION AND EMERGENCY RELEASE FORM (DUE BY MARCH 1, 2010)

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

\$120-Member/\$115 for third (+) swimmer in family. \$130-Non-member/\$125 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 6/1/2010 \_\_\_\_\_

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 gives 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**

**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**

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