

# ***AQUATICS IN MARIN***

## ***'09/'10 Winter Swim Conditioning & Springboard Diving***



The Winter Swimming & Diving Program is designed to bridge the gap between fall & spring aquatic programs. The emphasis is on stroke technique, education of swimming and core strengthening. *NEW* this winter is the use of the Redwood High School Pool.

**Program Dates:** November 16 – December 17 & January 4 – February 4  
◦ *No practice on November 26, December 18 through January 3, & January 18* ◦

**Practice Location:** Redwood High School Pool, 395 Doherty Drive, Larkspur

**Swimming Groups,  
Practice Days  
& Times:**

*AGES & GRADES ARE ONLY GUIDELINES*

8-Unders (2<sup>nd</sup> grade and under): Mondays through Thursdays, 5:30-6:00pm  
Swimmers must be able to comfortably swim 25 yards. This group is geared toward younger swimmers learning the proper stroke technique for freestyle, backstroke, breaststroke and butterfly. Each stroke is taught using stroke specific drills and progressions. Swimmers will learn the proper kick for each stroke, arm movement, stroke timing, rhythm and breathing. Lanes 1-3

8-11 year old (3<sup>rd</sup>-5<sup>th</sup> grade): Mondays through Thursdays, 6:00-7:00pm  
Swimmers will work on stroke development for the 4 competitive stroke. Students will progress through stroke specific drills and progressions then transition to speed work and touch on endurance training. Starts and turns for each event will also be addressed. Lanes 1-3 or 1-4 depending on numbers

11-14 year old (6<sup>th</sup>-8<sup>th</sup> grade): Mondays & Wednesdays 5:30-7pm, Tuesdays & Thursdays 4-5:30pm  
Swimmers should be proficient in at least 3 of the competitive strokes. Focus is placed on proper stroke technique, endurance training and speed work Lanes 4-8

14-18 year old (9<sup>th</sup> + grades): Mondays & Wednesdays 5:30-7pm, Tuesdays & Thursdays 4-5:30pm  
Swimmers should be proficient in at least 3 of the competitive strokes. Focus is placed on proper stroke technique, endurance training and speed work Lanes 4-8

**Springboard Diving** The springboard diving program is intended for high school aged athletes planning to dive for their high school team. The winter program is intended to prepare athletes for their upcoming high school season.

**Program Dates:** November 30 through February 4  
◦ *No practice on November 26, December 18 through January 3, & January 18* ◦  
**Practice Days:** Tuesdays & Thursdays 5:30-7pm

**Coaches:** Paul Stasiowski, Jeff Miller (diving) & Ruedi Keller

**Registration:** To enroll please complete the enclosed Registration Form with payment and the Authorization of Consent to Treat a Minor Form and return to the address listed on the Registration Form or bring to practice. Fifteen (15) registrations must be received on or before November 29 or the program will be canceled.

**Program Fees:** The program fees listed below cover practice fees and an AIM team backpack.

- ° Session I - November 16 through December 17, \$160 (11-18 years), \$100 (8 & under)
- ° Session II - January 4 through February 4, \$160 (11-18 years), \$100 (8 & under)
- ° SWIM BUNDLE PACKAGE - Sessions I & II, \$295 (11-18 years), \$195 (8 & under)
- ° SWIM/BEG-JR POLO BUNDLE PACKAGE - Session I, II & Junior Polo, \$355  
*For Beginner & Junior Polo information please see our Water Polo flier.*
- ° SWIM/HS POLO BUNDLE PACKAGE - \$510
- ° Spring Board Diving - \$125

The above fees are per participant. The cost of membership to USA Swimming or Water Polo are additional. For information on membership to USA Water Polo &/or USA Swimming please contact Andrew Morris at [marinwaterpolo@gmail.com](mailto:marinwaterpolo@gmail.com) or at (415) 320-6222.

**Refunds/Return Check Policy:**

Refunds for the '09/'10 Winter Swimming & Diving Program &/or the Springboard Diving Program are allowed prior to November 25; a \$25 processing fee will be charged. Program fees will not be pro-rated. Returned checks are subject to a \$100 charge or three times the amount of the check, whichever is less.

**Questions?** Please contact Andrew Morris at (415) 320-6222 or on email at [marinwaterpolo@gmail.com](mailto:marinwaterpolo@gmail.com).

# AQUATICS IN MARIN

ATHLETE'S FULL NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

## AUTHORIZATION OF CONSENT TO TREAT A MINOR

The undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provisions of Section 6910 of the Civil Code of California.

1. Family Doctor and/or Associate: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

2. Persons to contact in emergency:

A. \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

B. \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

3. Medical Problems: \_\_\_\_\_

4. Hospital Insurance Plan and/or Medical Plan: \_\_\_\_\_

This Authorization shall remain effective until revoked in writing.

Parent or Legal Guardian (Print): \_\_\_\_\_

Parent or Legal Guardian (Signature): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

# AQUATICS IN MARIN - REGISTRATION FORM


(Please Print)

**ADULT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Name	Gender (M/F)	Birth date	Class/Program Title	Season	High School & Grade (Fall '06)	Fee
<b>TOTAL</b>						

Please check this box if you do not want your information shared with other members of AIM. (Information is shared for carpool lists, phone lists, team rosters, etc.)

 **BE SURE TO READ AND SIGN BELOW**

In consideration of the payment of fees and the resulting granting of team membership privileges and, due to my knowledge and experience around swimming facilities, I hereby waive, release and discharge any and all claims and causes of action for damages due to my death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my team membership and the use of any swimming pools and associated facilities. This waiver and release is intended to discharge in advance the team as well as its officers, agents, employees and all related persons and/or entities, from and against any and all liability, injury, loss or damage arising out of and connected in any way with my participation with said entity and/or any facilities or in any event or activity associated with said entity and/or any facilities even though that liability might arise out of the active and/or passive negligence or carelessness on the part of the entity or persons mentioned above.

I understand that incidents, even of a serious and life threatening nature occasionally occur during the utilization of swimming pools and related facilities and participation in water related activities, due to, not by way of limitation, slips, falls, collisions and other water related hazards. Knowing the risks attendant with the use of swimming pools and related facilities and the participation in water related activities, nevertheless, I hereby agree to assume those risks and to release, indemnify and hold harmless all the persons or entities mentioned above, who, even through, not by way of limitation, active and/or passive negligence or carelessness, might otherwise be liable to me or my heirs or assigns for damages by reason of any and all accidents, illness, injury or death or other consequences related to such utilization, whether reasonably foreseen or not reasonably foreseen. This waiver, release, assumption of risk, indemnification and hold harmless agreement is to be binding upon my heirs and assigns.

I agree to accept and abide by the rules and regulations of the team  
 All adults covered by this application have signed and all minors subject to it have been covered through the execution of this Release by their parents and/or guardians.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Registrations can be mailed or hand delivered to practice.**  
 Please mail registrations to Aquatics in Marin, 940 Via Escondida, Novato, CA 94949 (415) 320-6222

