



SPARE TIME AQUATICS SACRAMENTO



STAS SWIM TEAM 2010 FALL REGISTRATION FORM

(Please Print or Type)

Fall Swim – Groups and Times

5 Month Season (September 7 – January 31)
3 Month Season (September 7 – November 30)

GROUPS		TIMES	DAYS
Age Group	WHITE - 8 & Under	4:00 to 5:00 pm – Swim 5:00 to 5:30 pm – Optional Swim 5:30 to 6:00 pm – Dryland	Monday – Friday Monday – Friday Monday – Thursday
	BLUE - 9 & 10	4:00 to 5:00 pm – Swim 5:00 to 5:30 pm – Optional Swim 5:30 to 6:00 pm – Dryland	Monday – Friday Monday – Friday Monday – Thursday
	BLACK - 11 & 12	4:30 to 5:00 pm – Dryland 5:00 to 7:00 pm – Swim 7:00 to 9:00 am – Optional Swim	Monday – Thursday Monday – Friday Saturday
Age Group	13 & Older	4:30 to 5:00 pm – Dryland 5:00 to 7:00 pm – Swim 7:00 to 9:00 am – Swim	Monday – Thursday Monday – Friday Saturday
Pre-Senior and Senior	Selected by Head Coach ADVANCED TRAINING	5:00 to 7:00 am – Swim 4:00 to 5:00 pm – Dryland 5:00 to 7:00 pm – Swim 7:00 to 9:00 am – Swim	Monday – Wednesday - Friday Monday – Friday Monday – Friday Saturday

FALL SWIM - ALL SWIMMERS SHOULD BE ABLE TO SWIM 50 FREESTYLE AND 50 BACK-STROKE

There are two options for Fall Swim – **3 Month Season** and a **5 Month Season**. Please look closely at the two Registration forms to make sure you are completing the correct one.



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(Please Print or Type)

SEPTEMBER – JANUARY (5 MONTH SEASON REGISTRATION FEES)

Number of Swimmers	RDO members		
1 st Swimmer RDO Member:	\$300		\$ _____
2 Swimmers in Family:	\$450		\$ _____
3 Swimmers in Family:	\$510		\$ _____
4 Swimmers in Family:	\$30 each x ____		\$ _____
USA SWIMMING SEASONAL FEES:	\$42 each x ____		\$ _____
Total Registration RDO Members Fees			\$ _____

Non-members may contact Head Coach Junior or Coach Richard to discuss options and opportunities with the program.

STAS Swim Team T-Shirt

Swimmer's Name	Youth	Adult	Youth \$10	Adult \$12
1 st :	S, M, L	S, M, L, XL	\$ _____	\$ _____
2 nd :	S, M, L	S, M, L, XL	\$ _____	\$ _____
3 rd :	S, M, L	S, M, L, XL	\$ _____	\$ _____
4 th :	S, M, L	S, M, L, XL	\$ _____	\$ _____
Parent's Name:	S, M, L	S, M, L, XL	\$ _____	\$ _____
Total T-Shirt			\$ _____	\$ _____

\$10 STAS CAP	\$10 X ____ (number of swimmers) = \$ _____	\$ _____
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TOTAL REGISTRATION FEES

5 Month Registration Fees + CAP(s) + T-Shirt(s) + \$42 (USA Seasonal Fee)
STAS CAP IS MANDATORY FOR ALL SWIMMERS at STAS MEETS

\$ _____

PAYMENT METHODS

By Check - make checks payable "RIO DEL ORO RACQUET CLUB" STAS Fall Swim or mail to:
 STAS Fall Swim
 Rio Del Oro Racquet Club
 119 Scripps Drive
 Sacramento, CA 95825

Credit Card – at Rio Del Oro from August 1 to September 3. **House Charge** – Please charge fees to my membership account: _____

Cash or Check - accepted at "SIGN-UP NIGHT" (at Rio Group Exercise Room on August 11 from 7-8:30 pm)



SPARE TIME AQUATICS SACRAMENTO



STAS SWIM TEAM 2010 FALL REGISTRATION FORM

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SEPTEMBER – NOVEMBER (3 MONTH SEASON REGISTRATION FEES)

	RDO members		\$ _____
1 st Swimmer RDO Member:	\$200		\$ _____
2 Swimmers in Family:	\$385		\$ _____
3 Swimmers in Family:	\$460		\$ _____
4 Swimmers in Family:	\$30 each x ____		\$ _____
USA SWIMMING SEASONAL FEES:	\$42 each x ____		\$ _____
Total Registration RDO Members Fees			\$ _____

Non-members may contact Head Coach Junior or Coach Richard to discuss options and opportunities with the program.

STAS Swim Team T-Shirt

Swimmer's Name	Youth	Adult	Youth \$11	Adult \$13
1 st :	S, M, L	S, M, L, XL	\$ _____	\$ _____
2 nd :	S, M, L	S, M, L, XL	\$ _____	\$ _____
3 rd :	S, M, L	S, M, L, XL	\$ _____	\$ _____
4 th :	S, M, L	S, M, L, XL	\$ _____	\$ _____
Parent's Name:	S, M, L	S, M, L, XL	\$ _____	\$ _____
Total T-Shirt			\$ _____	\$ _____
\$10 STAS CAP	\$10 X ____ (number of swimmers) = \$ _____			\$ _____

TOTAL REGISTRATION FEES

3 Month Registration Fees + CAP(s) + T-Shirt(s) + \$42 (USA Seasonal Fee)
STAS CAP IS MANDATORY FOR ALL SWIMMERS at STAS MEETS

\$ _____

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STAS SWIM TEAM 2010 FALL REGISTRATION FORM

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FAMILY INFORMATION

Last Name:	First Name:	Middle Name:
Parent's Names:	Email Address:	
Current address:		
City:	State:	ZIP Code:
Mother's Cell:	Father's Cell:	Home Phone: Daytime Phone:
SPARE TIME CLUB MEMBER : YES () NO ()	Rio Del Oro Membership #	Spare Time Clubs Membership #

SWIMMER(S) INFORMATION

1 st Swimmer:	Nickname:	Birth date: ____/____/____	
Allergies/Medical:	Gender:	MALE	FEMALE
	Age:	T-shirt*	
2 nd Swimmer:	Nickname:	Birth date: ____/____/____	
Allergies/Medical:	Gender:	MALE	FEMALE
	Age:	T-shirt*	
3 rd Swimmer:	Nickname:	Birth date: ____/____/____	
Allergies/Medical:	Gender:	MALE	FEMALE
	Age:	T-shirt*	
4 th Swimmer:	Nickname:	Birth date: ____/____/____	
Allergies/Medical:	Gender:	MALE	FEMALE
	Age:	T-shirt*	

*T-Shirt –Sizes Specify CHILD S/M/L or ADULT S/M/L/XL. (cost of T-shirt is included in registration fee).

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		



SPARE TIME AQUATICS SACRAMENTO



SIERRA
NEVADA
SWIMMING



STAS SWIM TEAM 2010 FALL REGISTRATION FORM

(PLEASE PRINT OR TYPE)

WAIVER OF LIABILITY

I represent and warrant that my child/children as listed above are in good health and have no physical conditions, ailments or disabilities which could endanger my child/children's health or safety if they were to participate in vigorous physical activity. For and in consideration of the benefits derived from my participation in The STAS Fall Swim Team program, I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and do hereby indemnify, release and hold harmless The STAS board members, and RDO employees. The STAS Swim Team, its coaches, pool operator, employees and Board Members, from all claims of any kind whatsoever, which may arise or hereafter accrue in connection with my participation in the activities of Spare Time Aquatics Sacramento Swim Team.

TRANSPORTATION TO/FROM PRACTICE AND MEETS

PLEASE SELECT AND INITIAL ONE OF THE BELOW OPTIONS:

The following options help ensure the parents of each child participating in The STAS Fall Swim Team arrives and departs utilizing the direction of the parents and/or guardian:

A. My child/children should remain inside the pool's gated area until picked up by parents, guardian or caretaker. I will provide transportation for my child to and from meets and will accept responsible for him/her arrival and departure. ____

THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD/CHILDREN HOME AFTER PRACTICE.

B. I will meet my child/children in the parking lot out side of the pool area. My child/children can wait for me to pick him/her up at the Rio Del Oro Pool by the parking lot once practice is completed. I understand there will be no adult supervision once my child/children leave the pool deck area and furthermore that Spare Time Aquatics Swim Team is not responsible for the safety of my child/children. I will provide transportation for my child to and from meets and will accept responsible for him/her arrival and departure. ____

C. My child/children have my permission to walk, drive or ride their bike to and from practices and may leave the premises without the supervision of an adult at the end of each practice/meet. I will provide transportation for my child to and from meets and will accept responsible for him/her arrival and departure. ____

TERMS AND CONDITIONS

Consent to Participate: As Parent/Guardian of the above listed minors, I grant them permission to participate in all activities of the STAS Fall Swim Team Program and by my signature hereto agree to be bound by the terms and conditions hereof.

Release of Contact Information: I give permission to distribute my email address and phone number for notices, correspondences, and volunteer committees related to Swim Team activities. Such information will ONLY be distributed to current members of the organization.

I agree: _____ I do not agree: _____

Notice of Change in Contact Information: I hereby agree to notify the Coach and Team Manager of any change in email address, phone number and address within 2 days of such change.

Medical Release: I further grant permission for appropriate medical treatment to be given to my child/children as listed above in an emergency, and will be solely responsible for any medical costs which may arise.

Consent to Photograph: I also grant permission for STAS to photograph my child/children at practices, meets and social events. The photographs may be used in our website, advertisements, press releases, postings at the pool, etc. STAS will not use my child's last name in conjunction with their photograph on the website.

SIGNATURES

Parent/Legal Guardian Signature:

Date: / / 2010

Parent/Legal Guardian Signature:

Date: / / 2010



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EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

MEDICAL FORM

Name of swimmer's regular physician:

Phone Number:

Physician's address:

Subscriber:

Policy #:

Physician's office phone:

Insurance Provider:

PLEASE PROVIDE ACCURATE INFORMATION BELOW. FOR ANY QUESTION ANSWERED "YES", PLEASE PROVIDE PERTINENT DETAILS IN THE SPACE PROVIDED.

Is the swimmer presently under a doctor's care?	YES	NO	Does the swimmer wear contact lenses?	YES	NO
Has the swimmer had, or does the swimmer now have:	YES	NO	Does the swimmer have:	YES	NO
Heart trouble?	YES	NO	Infection(s)?	YES	NO
High Blood Pressure?	YES	NO	Rash(es)?	YES	NO
Fainting tendency?	YES	NO	Injury to any bone?	YES	NO
Convulsions/Epilepsy?	YES	NO	Injury to any joint?	YES	NO
Head or neck injury?	YES	NO	Is the swimmer taking and Medications?	YES	NO
Spinal injury?	YES	NO	Other	YES	NO
Hearing Loss?	YES	NO	1	YES	NO
Dizzy Spells?	YES	NO	2	YES	NO
Asthma?	YES	NO	3	YES	NO
Breathing Difficulty?	YES	NO	4	YES	NO
Chest Pain?	YES	NO	5	YES	NO
Does the swimmer have any medical condition or impairment that would interfere with his/her participation in the swim team?	YES	NO	6	YES	NO
Has the swimmer had all shots And other inoculations required by your school district?	YES	NO	Comments:		

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF ANY OF THE INFORMATION CHANGES IN ANY SIGNIFICANT WAY, I WILL NOTIFY THE

DATE: ____/____/2010

Signature of Parent or Guardian



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STAS INFO

OFFICIAL NAME: SPARE TIME AQUACTICS SACRAMENTO SWIM TEAM

CODE NAME: STAS

WEBSITE: WWW.SPARETIMEAQUATICS.COM

ADDRESS: 119 SCRIPPS DRIVE, SACRAMENTO, CA 95825

PHONE # (916) 488-8100

LSC (LEAGUE): SIERRA NEVADA

STAS Coaching Staff

HEAD COACH/SENIOR COACH

Name: Gilberto M Junior – " Coach Junior "

Office time: 4:45 to 7:30am - 3:30 to 8:00pm M-F
7:00 to 10:00am - Saturday

Email: juniorgilberto@hotmail.com



Office phone: ((916) 488-8100 - ext. 27

Cell Phone: (916) 916-628-3123

FALL ASSISTANT AGE GROUP COACH

Name: Richard Levin



Email: rlevin@hotmail.com

Cell Phone: (916) 916-628-3123

ASSISTANT AGE GROUP AND DRYLAND COACH

Name: Monique Christian



Email: monique304@gmail.com

PILATES/YOGA DRYLAND COACH

Name: Sydney



Email: sydblt@gmail.com

SENIOR DRYLAND COACH

Name: Eric Well



Email: ericweill@hotmail.com

AGE GROUP DRYLAND COACH

Name: Lauren Miranda



Email: mirandie17@gmail.com

SUMMER AGE GROUP COACH

Name: Ben Ferguson



Email: benferg88@msnl.com