

# Newport Shores Summer Swim Team 2022

**\*\*NO SWIM TEAM EXPERIENCE REQUIRED\*\***

## Season Fee:

Newport Shores Residents: \$385

Non Residents: \$450.00

The Fee Includes:

\*Swim Suit \* T-Shirt \*Individual Trophy \*Team Picture \*Practices 4 days per week

\*Swim Meets with ribbons for all participants

**\* IMPORTANT FOR ALL NON RESIDENT PARTICIPANTS\***

*Non-resident participants must be a guest of a Newport Shores resident (LIMITED SPOTS). Resident name and contact info must be included with your registration form. Please contact the swim office if you have questions. No Use of the playground facilities without Resident host, No use of the facilities without the resident host on premises.*

## PRIVATE LESSONS/SWIM TEAM PREP LESSONS:

Swim team participants need to be water safe. Some kids that may have forgotten the basics or need a little extra prep before the summer. Lessons can be scheduled through the swim office at: [ocacinc@gmail.com](mailto:ocacinc@gmail.com) 949) 548 – 5668

## SEASON DATES

Monday through Thursday – June 13th – July 28th

Age	Time
5 years	10:30-11:00 AM
6 years	10:00-10:30 AM
7 years	9:15-10:00 AM
8 years & Up	8:30-9:15 AM

NO PRACTICE JULY 4th

## “TENTATIVE” SWIM MEET SCHEDULE:

Wednesday, June 22 <sup>rd</sup>	Intra Squad Meet	@ Newport Shores	9 am All Groups
Wednesday June 29 <sup>th</sup>	Team Pictures/Coin Dive	@ Newport Shores	Regular Workout Times
Wednesday July 6 <sup>th</sup>	Halecrest, CMAC	@ CMHS	5&6 3pm / 7& up 4pm
Wednesday July 13 <sup>th</sup>	NBCC, CMAC	@ CMHS	5&6 3pm / 7& up 4pm
Wednesday July 20 <sup>th</sup>	Shady Canyon/BBC	@ CMHS	5&6 3pm / 7& Up 4pm
Saturday, July 23 <sup>rd</sup>	All-Star Championship	@ CMHS	(not all kids attend this meet)
Tuesday July, 26 <sup>th</sup>	Vs. All teams	@ CMHS	5 & 6 3:00pm - 7 & older 4:30pm
Thursday, July 28 <sup>th</sup>	Awards Breakfast	@ Newport Shores	All ages 9:30-11:00 am

**For Questions of more information please contact the Swim Office:**

**[WWW.OCACSWIM.COM](http://WWW.OCACSWIM.COM)**

**(949) 548-5668**

**Registration form is located on back/next page**

# REGISTRATION FORM

## & RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I, \_\_\_\_\_, am the parent or legal guardian of the following minor children:

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Age as of June 1 \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Age as of June 1 \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ Age as of June 1 \_\_\_\_\_

I hereby acknowledge that the Orange Coast Aquatic Conference, Inc. ("user") is not owned, endorsed, sponsored, maintained or operated by the Newport Shores Community Association ("Association"); that the USER is independent, separate and distinct from the ASSOCIATION; that the ASSOCIATION only provides the USER with the use of the swimming pool and related facilities and equipment in conjunction with the USER's activities conducted at the ASSOCIATION's swimming pool facilities.

I AGREE TO ACCEPT THE RESPONSIBILITY AND RISK FOR INJURY OR DEATH ARISING OUT OF OR RESULTING FROM THE USE, OCCUPANCY, OR OPERATION OF THE ASSOCIATION'S SWIMMING POOL AND RELATED FACILITIES AND EQUIPMENT BY SAID MINOR CHILDREN OR WHILE PARTICIPATING IN ANY OF THE ACTIVITIES CONDUCTED BY THE USER.

FURTHER, I AGREE TO INDEMNIFY, DEFEND AT MY SOLE COST AND EXPENSE, AND TO HOLD HARMLESS THE ASSOCIATION, IT'S DIRECTORS, MEMBERS, EMPLOYEES, AGENTS, REPRESENTATIVES, ATTORNEYS, AND CONTRACTORS FROM ANY AND ALL CLAIMS, DEMANDS, COSTS, LOSS, DAMAGE, AND LIABILITY FOR INJURY OR DEATH TO SAID MINOR CHILDREN RESULTING DIRECTLY OR INDIRECTLY FROM THEIR USE OF THE ASSOCIATION'S SWIMMING POOL AND RELATED FACILITIES AND EQUIPMENT, WHILE PARTICIPATING IN ANY OF THE ACTIVITIES CONDUCTED BY THE USER, OR OTHERWISE (EITHER BEFORE OR AFTER COMMENCEMENT OF SUCH ACTIVITIES).

I GIVE MY PERMISSION TO USER AND THE ASSOCIATION, THEIR EMPLOYEES, AGENTS, AND REPRESENTATIVES, TO OBTAIN EMERGENCY MEDICAL CARE FOR SAID MINOR CHILDREN, IF CONSIDERED BY THEM TO BE NECESSARY. IN CASE OF AN EMERGENCY, IF I CANNOT BE CONTACTED AT THE TELEPHONE NUMBERS LISTED BELOW, THE FOLLOWING PERSON(S) SHOULD BE CONTACTED:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

THIS CONSENT, AGREEMENT AND AUTHORIZATION SHALL BE VALID AND CONTINUE IN EFFECT UNTIL I HAVE PROVIDED WRITTEN NOTICE TO THE USER AND ASSOCIATION OF MY TERMINATION OF IT.

Guardian Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

Zip: \_\_\_\_\_

Cell or Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### **For Non-Residents Only**

**\*\*Shores Resident Host's Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

TO SIGN UP: 1. COMPLETE REGISTRATION INFORMATION AND SIGN RELEASE

2. Make check for program fee payable to: **OCAC**

3. Mail Check for Program to: **OCAC**

**P.O. Box 15065,  
Newport Beach, CA, 92659**

\*Note: Registration in an OCAC program provides liability and secondary medical insurance coverage for athletes and coaches during all practices and meets