



CALIFORNIA CAPITAL AQUATICS

PO Box 368, Roseville, CA 95678

2009 FALL SWIM PROGRAM

California Capital Aquatics (CCA) is offering a Fall Swim Program for those summer recreational swimmers interested in year-round swimming. The program will be held at the Roseville Aquatic Complex from August 25 – November 22, 2009. Full payment will be processed on Sept 1, 2009 and is non-refundable. Please read the following information about the practice schedule and seasonal family obligations.

Program Costs: The dues for the program will be \$375 per swimmer. The dues for each additional swimmer in the same family will be \$295. This fee includes the program fee as well as the mandatory USA Swimming Registration. Swimmers who provide a copy of their 2009 USA Swimming registration card as proof of current registration will have their fees reduced by \$70.

Practice Schedule: Practice for all groups will be 5:30-6:30pm Monday through Friday. Participants will be placed into one of three practice groups based on their ability.

Tryouts: To ensure that each swimmer is in the appropriate group, CCA coaches will be conducting tryouts for swimmers who are new to CCA on Tuesday August 4th from 5:00-7:00pm. Any returning swimmer who wishes to be considered for a higher group level must also attend this tryout.

Swim Meets: Swim meets are an integral part of this program and are held approximately once a month.

- **October Swim Meet - 9-11th:** CCA is hosting our annual Spooktacular Swim Meet. All swimmers and parents are expected to participate at this event

Team Uniform: A solid Navy Blue Speedo brand suit and CCA cap are required and must be worn at all meets. At swim practices, only CCA caps are to be worn. They are available at the pool. Suits and additional items are available through NorCal Swim Shop located at 120 Sunrise Avenue, Roseville, CA 95661. Phone: (916)771-7946

Seasonal Family Fundraising Obligation

Bingo:

California Capital Aquatics operates a successful Bingo game held at Grand Oaks Bingo Center in Citrus Heights every Saturday night as the team's main fundraiser. At the time of registration, a check in the amount of \$70.00 made payable to California Capital Aquatics must be paid. Please see the attached Bingo policy for information on how to obtain a refund of the \$70 by volunteering to work at one Bingo game during the fall season.

Parent Meeting

A parent meeting is scheduled for Tuesday, August 25th @ 5:30pm to discuss the program and answer any questions. Swim practice begins on Wednesday August 26th.

Please complete a registration form, health form and USAS Registration form for each swimmer and mail along with bingo payment to **Bob Walker 8580 Via Gwynn Way, Fair Oaks CA 95628**

Space is limited in this program to ensure proper coach to swimmer ratio. Please register by the August 4th Tryout date to ensure your spot in this popular program. All necessary forms for registration are available on the CCA website www.ccaswimming.org If you have any questions, please contact Bob Walker at (916)772-6370 ext 6.



Building character through the pursuit of excellence in competitive swimming.





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For Office Use Only Group _____

2009 HEALTH FORM

(Please Print CLEARLY)

Name of Swimmer: _____ Date of Birth: _____

Address: _____

Street

Apt #

City, Zip

Phone: _____ Cell Phone: _____

Please indicate action desired in the event of an emergency:

1. In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of California Capital Aquatics to make such arrangements, as he considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician below to undertake such care and treatment of my child, as he considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon. _____ (please initial)

2. In the absence of a parent, call _____
Name Phone

3. Physician's Name: _____ Phone: _____

4. I do not choose the above statement and desire the following action: _____

5. The undersigned hereby agrees to bear all costs incurred as a result of the foregoing action.

Insurance Carrier Policy Number

Father's Signature Date Mother's Signature

HISTORY

_____ Please check here if there are no known health problems.

Please check if there is a history of any of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Penicillin or other drug reactions | <input type="checkbox"/> Hyperactivity |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Frequent sore throats | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Stomach Upsets | <input type="checkbox"/> Abscessed ears | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Allergies | | <input type="checkbox"/> Epilepsy |

Other disease, please indicate: _____

Any other comments: _____



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2009 FALL FAMILY BINGO OBLIGATION

Welcome to all Fall Families and Swimmers!

Every Saturday evening, California Capital Aquatics operates a very successful Bingo game held at Grand Oaks Palace Bingo Center in Citrus Heights. For over 20 years, bingo has been the team's main fundraiser. The revenue generated from bingo allows CCA to train year round at the Roseville Aquatics Complex, and employ one full time coach along with a team of assistant coaches. In addition, the money raised helps with other expenses such as team travel, equipment, and education seminars for our coaching staff. You can be a part of this fun-filled evening, since bingo is completely staffed with volunteers like you! Read below to find out how you can volunteer.

At the time of registration, a check in the amount of \$70.00 made payable to California Capital Aquatics must be submitted.

As a seasonal family, one parent (18 or older) will be obligated to volunteer for Bingo once during the fall season. Parents may opt out of their bingo obligation, which the \$70.00 paid prior to the start of the program will cover.

If you wish to volunteer for bingo, your \$70.00 will be returned to you at the end of your volunteer shift at the bingo hall. Hours are 4:15pm to 11:30pm. Should you "no show" for your shift or decide to depart early, the \$70.00 will not be refunded. A "no show" will not be rescheduled.

Because we do not employ administrative staff for bingo, it will be your responsibility to contact our volunteer board member, Kim Jorgensen – Director of Ways and Means, to sign up for your volunteer shift. You may contact her in two ways: by phone, 916-783-7997, or by email, waysmeans@ccaswimming.org. You will need to sign up for your volunteer shift no later than August 29th, 2009. This is 4 days after the start date of the fall program, so call early. The last date to schedule your volunteer shift will be November 7th, 2009.

Thank you in advance for your cooperation and participation in bingo. We look forward to seeing you on Saturday night!

Kim Jorgensen, Ways & Means Director
916-783-7997
waysmeans@ccaswimming.org



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