



DACA WATER POLO PROGRAM
SARATOGA HIGH SCHOOL



SPRING SESSION: HIGH SCHOOL 2017

Sponsor: De Anza Cupertino Aquatics/DACA (408) 253-7946

Location: Saratoga High School
20300 Herriman Ave.
Saratoga, CA 95070

Schedule:

- ❖ February 18th – May 13th (No Practice May 6th)
- ❖ Girls: Saturdays, 12:00PM-2:00PM at Saratoga High School
- ❖ 16 & Under Boys: Saturdays, 2:00PM-4:00PM at Saratoga High School
- ❖ 18 & Under Boys: Saturdays, 12:00PM-2:00PM at Saratoga High School

Cost:

- ❖ \$276.00

USA Water Polo Membership:

- ❖ Must be completed online at www.usawaterpolo.org.
- ❖ Gold Level Membership is mandatory.
- ❖ Proof of membership is required at time of registration.

DACA WATER POLO INFORMATION SHEET

REGISTRATION FORMS MUST BE MAILED or FAXED TO:

DACA WATER POLO Program, 1080 S. De Anza Blvd. San Jose, CA 95129

ENROLLMENT CONFIRMATIONS WILL BE E-MAILED. If you do not have access to the internet and would like a hard copy of your confirmation, you must enclose a self-addressed and stamped envelope with your application.

WITHDRAWALS & REFUND/CREDIT POLICY: To Withdraw, DACA must be notified via e-mail, fax, or US mail using the Withdrawal Form available at www.daca.org. All refunds will be pro-rated as of the week following the request, minus a \$25.00 administrative fee. There are no refunds, credits, or make ups for missed classes due to severe weather conditions, lightning or any other reason out of DACA's control. No refunds will be issued for cancellations during the final three weeks of a session.

PAYMENT:

Parent/Guardian's Name: _____

Swimmer(s) Name: _____

Phone Number: _____ Phone Number (alt): _____

Please select payment preference for automatic debit:

_____ **Master Card**

_____ **VISA**

_____ **Discover**

Card #: _____ Expiration Date: _____

Name as it appears on the card: _____

Billing Address (if different from Family Address):

Street

City

Zip

Payment Details:

- All payment information must be submitted at time of enrollment.
- A \$25.00 handling charge will be assessed for declined credit card charges. If a credit card payment is declined, you may be required to make a payment by Cashier's Check or Money Order.

Authorization: I have read and agree to the general and written policies as stated above. I understand that by signing this Sheet I am entering into a legally enforceable agreement with DACA. I authorize DACA to debit my credit card for all dues and fees applicable including but not limited to registration fees, USA Water Polo Membership fees, and tournament and game fees.

Cardholder Signature: _____

Credit balances from other DACA programs may be applied to Water Polo Session Fees.

Need based financial aid is available. Please contact the DACA office for an application at (408) 253-7946.

DACA REGISTRATION FORM

2017 SPRING WATER POLO

ARE YOU A COMPETITIVE SWIMMER WITH DACA?

YES NO

Please complete the information below. We will check our records to confirm that your swimmer's Water Polo Membership is current (Jan – Dec 2017).

Name:

_____ Age: _____ Sex: M F Birthdate: _____
Last First Middle Circle mm/dd/yy

School: _____ Grade: _____

Family Address: _____
Street City Zip

Parent/Guardian's Name: _____ Phone (Home): _____
(Required)

Phone (Work): _____ Phone (Cell): _____ E-mail: _____

Parent/Guardian's Name: _____ Phone (Home): _____

(Required)
Phone (Work): _____ Phone (Cell): _____ E-mail: _____

Please complete and sign the following forms:

- ___ DACA Water Polo Information Sheet
- ___ DACA Water Polo Registration Form
- ___ DACA Medical and Emergency Information Form
- ___ DACA Waiver and Release of All Liability

DACA WAIVER AND RELEASE OF ALL LIABILITY

I, _____, on behalf on my child,
_____, have voluntarily requested to participate in the De Anza Cupertino Aquatics (“DACA”) swim lessons and/or swim team (hereinafter, “the Activity”). I am aware that attendance or participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I understand that attendance or participation in the Activity could result in personal injuries, including death, and property loss or damage. I voluntarily accept and assume all risk from attending or participating in the activity.

In consideration of being permitted to participate in the Activity, I agree, on behalf of myself, my spouse, dependents, heirs, personal representatives, and assignees, to hold DACA and its employees, officers, directors, shareholders, insurers, agents, contractors, and servants, members and board members (collectively referred to as the “Released Parties”) harmless from any and all liability, actions, claims and demands of every kind and nature that may arise out of the Activity to the maximum extent permitted by law. Therefore, I am agreeing not to sue the Released Parties for any personal injury or property damage, even if Released Parties’ negligence contributed to the injury or damage, resulting from my child’s and/or my attendance or participation in the Activity.

I agree to release DACA from all claims, whether known or unknown. Therefore, I specifically waive Section 1542 of the California Civil Code, which reads as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

The provisions of this waiver form are severable and if any one or more provisions are determined to be unenforceable, in whole or in part, the remaining provisions and partially enforceable provisions shall be binding and enforceable.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT RELEASES DACA AND OTHERS FROM ALL LIABILITY RELATED TO MY AND MY CHILD’S ATTENDANCE AND PARTICIPATION IN SWIM LESSONS AND/OR SWIM TEAM.

Name of Participant/Child _____

Date

Signature of Parent/Legal Guardian

DACA MEDICAL EMERGENCY INFORMATION

Medical emergency information is required. Please do not leave any spaces blank. If the Participant does not have insurance or a primary care physician/health care provider, please write "None."

Swimmer's Name: _____
Last *First*

Address: _____
Street *City* *Zip*

Parent/Guardian's Name: _____

Phone (H): _____ **Phone (C):** _____

Parent/Guardian's Name: _____

Phone (H): _____ **Phone (C):** _____

If I cannot be reached, please call:

Name: _____ **Phone (C):** _____

Insurance Carrier: _____

Patient ID No.: _____

Group ID No.: _____

Primary Care Physician/Health Care Provider Information:

Name of Physician/Health Care Provider

Organization

Telephone Number(s)

Is there any additional emergency information you would like us to have? [For example: specify insect, animal or food allergies; etc.]: _____

In an emergency, I consent to having the De Anza Cupertino Aquatics organization provide immediate care to Participant [student or adult swimmer] and/or contact emergency personnel (911) to provide emergency treatment and/or transport to the nearest emergency facility.

By my signature, I authorize any medical provider to give all necessary medical care to Participant [student or adult swimmer]. I agree to assume full responsibility for the costs of any treatment provided.

Date: _____

Printed Name of Parent/Legal Guardian/Adult Swimmer

Signature