



2025 Fall Clinic



California Dolphin Swim Team is a USA Swimming year-round competitive swim team offering high-quality professional coaching and technique instruction for all ages and abilities.

CDST Fall Clinic is a seasonal program. It is designed to introduce competitive swimming to swimmers and is a great way to improve swimming technique in a semi-competitive and fun environment.

- ▶ Largest Swim Club in Fremont & Union City
- ▶ Professional & Competitive Coaching Team
- ▶ Participation in the USA Swimming
- ▶ Multiple Levels and Schedules

Contact us at

cdstcoaches@gmail.com

Dates & Schedules

Group I: 09/03 to 11/14 (32 Classes*)

Date & Time: Mon, Wed, Fri, 5:00-6:00pm

Pool: Warm Spring Cabana Club

Group II: 09/02 to 11/13 (31 Classes*)

Date & Time: Tue, Thur, 5:00-6:00pm & Sat,

10:00-11:00am

Pool: Warm Spring Cabana Club

* No practice on Nov 11.

Free Tryouts

Scan the QR code to sign up for tryout.

The swimmer must be 6 years and older and know a minimum of 3 strokes.





CDST Fall Clinic Registration

SWIMMER INFORMATION

First Name _____ Last Name _____

Gender: ___Female ___Male

Age: _____ DOB _____

Returning Swimmer? ___Yes ___No

If you are a returning swimmer from any CDST program, you are not required to do the tryouts.

PARENTS INFORMATION (*PRINT CLEARLY FOR YOUR CONFIRMATION*)

Name(s) _____ Phone# _____

Address _____ City _____ Zip _____

Email _____

PRACTICE GROUP & SESSIONS OPTIONS

- Practice schedules and dates may change due to pool availability.
- Seats are limited; registration is on a first-come, first-serve basis.

Warm Spring Cabana Club, 251 Goldenrain Ave, Fremont

Group I

- 09/03 - 11/14
- Mon, Wed, Fri
- 5:00pm to 6:00pm
- Training Fee: \$640

Group II

- 09/02 - 11/13 (No practice on 11/11)
- Tue, Thur, 5:00pm to 6:00pm
- Sat, 10:00-11:00am
- Training Fee: \$620

PAYMENTS (*Please check the boxes*)

- ☐ Check# _____ \$640/\$620 Training Fee, payable to **CDST**.
- ☐ Zelle _____ \$640/\$620 Training Fee, Memo **CDST Clinics w/(swimmer name)**.

*No sibling discount for Clinic programs

**CDST Zelle Acc: jlou@calphin.com

*** USA Swimming Registration is paying online to USA Swimming only. Email us for registration instructions.





SWIMMER CODE OF CONDUCT

As members of the California Dolphin Swim Team, we are expected to conduct ourselves in a manner acceptable to the general standards of good behavior. It is our responsibility to enforce the rules and regulations, and every member's responsibility to follow them.

- Swimmers shall always demonstrate good sportsmanship, respect, and courtesy to their teammates, parents, coaches, competitors, and meet officials.
- Swimmers shall maintain self-control at all times. Know your role: Swimmers – Swim.
- Swimmers shall support and cheer for their teammates during the practice and meet.
- Swimmers must show up for practice on time, be ready to get in the water for practice and meet warm-ups on time. Be prepared to swim. Have your equipment ready. Bring extra caps and goggles.
- Swimmers shall keep their absences to a minimum to benefit from all offered and improve their times.
- Dunking, inappropriate and/or foul language, sitting on lane lines, splashing, spitting, hitting, trash-talking, and belittling are not allowed.
- Swimmers shall be accountable for their own actions.
- Any tobacco products, performance-enhancing drugs, and alcohol are strictly prohibited for all members.

**VIOLATION OF ANY OF THE ABOVE RULES WILL RESULT IN IMMEDIATE
SUSPENSION, WHICH LEADS TO POSSIBLE DISMISSAL FROM THE CALIFORNIA
DOLPHIN SWIM TEAM.**

(Print name of minor)

(Signature of minor)

(Date)

(Print name of Parent/Guardian)

(Signature of Parent/Guardian)

(Date)





PARENT CODE OF CONDUCT

Our policies help to guide the California Dolphin Swim Team (CDST) and ensure continued success. CDST is fortunate to have highly experienced, professional coaches working to develop children into better swimmers and, more importantly, disciplined people. All parents must give our coaching staff the respect and authority they deserve to run our swim team. Our coaches are hired for that purpose, and our coaches have every child's best interest at heart.

CDST encourages open communication between parents, swimmers, and coaches. CDST encourages parents to call, email, and/or set up meetings with coaches as needed. CDST encourages positive reinforcement of all swimmers in all situations. CDST encourages parental involvement in fundraising, approved social events, and swim meets.

The Parent Code of Conduct was developed as a standard to emphasize our organization's commitment to making everyone's involvement with our club a positive experience. As a parent of a swimmer and member of the California Dolphin Swim Team, I will abide by the following guidelines:

- I. Practice teamwork with all parents, swimmers, and coaches by supporting the values of Discipline, Loyalty, Commitment, and Hard Work.
- II. As a parent, I will not coach or instruct the team or any swimmer at practice or meets (from the stands or any other area) or interfere with coaches on the pool deck.
- III. As a parent, I understand that open criticism, abusive treatment, abusive language, or gestures directed toward the boards, coaches, officials, and/or any participating swimmer will not be permitted or tolerated.
- IV. I understand that during competitions, questions or concerns regarding decisions made by meet officials are directed to a member of our coaching staff. Parents address officials via the coaching staff only.
- V. I understand that I am welcome to watch practice from the stands and that I should not interrupt a coach during practice unless I have an emergency.
 - A. The USA Swimming Insurance Coverage for clubs states: "Anyone on deck during a swim team practice must be a certified USA Swimming Coach or USA Swimming registered athlete member assisting a coach." The coach must ALWAYS maintain a direct line of sight and supervision. Parents are welcome to watch practice in the stands for this safety and insurance coverage.

Sanctions: CDST maintains the right to terminate any membership with cause in the interest of our vision, missions, and objectives.





Policies & Agreement

Please initial

____ I have read and agree to the CDST Code of Conduct for parents. Should I conduct myself in such a way that brings discredit or discord to California Dolphin Swim Team or USA Swimming, CDST reserves the right to terminate any membership and/or registration with cause in the interest of our vision, mission, and objectives.

____ I understand that fees are not refundable after the first practice and that makeup practices will not be offered unless CDST cancels them due to unforeseen pool problems or force majeure, such as earthquakes, natural disasters, war, and country policy. In the event that CDST cancels a practice, a makeup practice may be held on an alternate date, time, and/or location, but it is not guaranteed.

____ I understand that all CDST Fall Clinic swimmers must register under USA Swimming prior to the program starting. Unregistered swimmers will be refused to attend any CDST practices, and no refund will be given.

____ I understand that CDST reserves the right to cancel and refund all money in the event of an unforeseen circumstance.

____ I understand that CDST charges \$25 for cancellation, withdrawal and late registration.

____ I understand that CDST charges \$35 for a Not Sufficient Funds(NSF) check.

____ I understand that I should not interrupt a coach during practice unless I have an emergency.

Please sign below to indicate your acceptance of the terms of this agreement:

"I/we, the undersigned, agree to all of the terms and conditions stated herein, and I/we understand that failure to comply with any provision in this agreement is grounds for termination of membership and/or registration.

Parent's Name (Print): _____

Signature: _____

Date _____





EMERGENCY INFORMATION AND WAIVER

Swimmer's Name: _____

Parent's Name: _____

Emergency Phone Number: _____

IN CASE OF EMERGENCY, The following person may be contacted if the parents cannot be reached:

Individual	Relationship	Phone

HAS YOUR CHILD

1. Had more than a brief minor illness or injury in the past year? _____
2. Had any allergies or illness? _____
3. Been taking any medications or medical treatment? _____

If you answered "YES" to any of the above questions, please "SPECIFY" by attaching a letter.

PARTICIPATION PERMISSION AND WAIVER

I, the undersigned, certify that I am the parent or guardian of the above-named child, that /he/she is in good physical condition, and that I give my child permission to participate in the 2025 CDST Fall Clinic. I am aware that attending or participating in this activity involves a risk of injury. I voluntarily accept the responsibility of taking all risks from attending or participating in these activities. In consideration of being permitted to participate in this activity, I agree, on behalf of myself and my child, our heirs, personal representatives, and assignees, not to make any claim against or sue the Ohlone College, Treeview Swim Club, Warm Spring Cabana Club, New Haven Unified School District and/or their employees, officers, directors, agents, (collectively referred to as the "RELEASED PARTIES") for any injury or damage to my child or myself arising from the negligence, or other acts, however caused, of the Released Parties. In addition, I release and discharge the Released Parties for all actions, claims, or demands that I or my child, our heirs, personal representatives or assignees, have or may hereafter have for personal injuries to my child/children or myself, or property damage resulting for the activities described above. This release includes injury or damage caused by negligence, active or passive, or other actions of the released parties. In case of a minor emergency (cuts, scratches, headache, etc.), I give permission to the CDST Coaches to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the CDST coach until I am able to be contacted.

TO THE ATTENDING PHYSICIAN OR HOSPITAL: Permission is hereby granted for you, at the discretion of the coaches of CDST, to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally. I, the undersigned parent, hereby give permission for any necessary medical care to be given to my child in the case of an accident or illness. I agree to assume full responsibility for the costs of any treatment provided.

I have carefully read this agreement. I understand it is a complete release of all liability and a promise not to sue or make a claim.

Print Name _____ Signature _____ Date _____

