Date	Event or Meet	Meet Location	Release	Warmup	Start	Travel Type
January 22	Mandatory Athlete Meeting	Library			3:25	
February 10	FIRST DAY OF PRACTICE!!!!	GBHS Pool				
February 13	Mandatory Parent Meeting	Library			6:30 PM	
February 17-21	Presidents Week – Practices Daily!	GBHS Pool				
February 24	Time Trials	GBHS Pool		2:45	3:15	
February 28	Grizzly Invitational – Day 1	GBHS Pool	All Day	9:00	Noon	
March 1	Grizzly Invitational – Day 2	GBHS Pool		7:00	9:00	
March 5	Team Photos	GBHS Pool	TBD			
March 7	Woodcreek Invitational – Day 1	RAC	11:00	11:30	1:00	Meet You There
March 8	Woodcreek Invitational – Day 2	RAC		8:30	10:00	Meet You There
March 11	Del Oro vs. Granite Bay	GBHS Pool				
March 13-16*	Mt. SAC Winterfest	Walnut, CA	10:30 AM			School Provided 1
March 20	Rocklin vs. Granite Bay vs. Folsom	Folsom				Meet You There
March 28	Oak Ridge Invitational – Day 1	EDH-CSD				Meet You There
March 29	Oak Ridge Invitational – Day 2	EDH-CSD				Meet You There
April 3	Whitney vs. Davis vs. Granite Bay - SENIOR NIGHT!	GBHS Pool				
April 4-5	Clovis West Invitational	Clovis West				School Provided 2
April 10	Granite Bay vs. Jesuit/St. Francis vs. Oak Ridge	EDH-CSD				Meet You There
April 14-18	Spring Break – Practices Daily!	GBHS Pool				
April 24	SFL League Champs - Girls Prelims	GBHS Pool	All Day	8:30	11:00	
April 25	SFL League Champs - Boys Prelims	GBHS Pool	All Day	8:30	11:00	
April 26	SFL League Champs - Finals	GBHS Pool	All Day	9:00	10:00	
May 7*	GIRLS Qualifiers @ CIF Sac-Joaquin Section	District 56 EGAC	All Day	8:00	10:00	School Provided 3
May 8*	BOYS Qualifiers @ CIF Sac-Joaquin Section	District 56 EGAC	All Day	8:00	10:00	School Provided 3
May 9*	Finals @ CIF Sac-Joaquin Section	District 56 EGAC	All Day	8:00	10:00	School Provided 3
May 15-17*	Qualifiers @ CIF State Championships	Clovis West			_	School Provided 1

^{*}Time Standard Requirement

GRANITE BAY HIGH SCHOOL SWIM COACHES

Sean Greeley	Head Coach	sgreeley@rjuhsd.us	916-813-7498	
Emma Hansen	Head Coach	gbcoachemmahansen@gmail.com	858-603-2597	
Michael Hansen	Assistant Coach	sdhansen.michael@gmail.com	858-342-6170	
Heidi Sherman	Assistant Coach	heidisherman33@gmail.com	916-301-1417	
Javier Salcedo	Diving Coach	javasal1624@gmail.com	916-390-8290	
Tim Healy	Athletic Director	thealy@rjuhsd.us		

[&]quot;Meet You There" = Families are responsible to coordinate or provide transportation to and from meet. Coaches not involved.

[&]quot;School Provided 1" = Rental Vans. Athletes must ride there and back with the team

[&]quot;School Provided 2" = School Vans PLUS Cleared Parent Drivers.

[&]quot;School Provided 3" = School Vans provided for athletes, but families may choose to transport their own athlete.

PARENT PERMISSION FOR SCHOOL RELATED TRIP AND CONSENT TO TREAT

Adelante HS	Antelope HS	xxx Granite	Bay HS	☐ Oakmon	t HS
Roseville HS	☐ Woodcreek HS	B 🗆			
This form must be complete	ed for each activity ar	nd submitted five	school day	s before the sched	luled event.
Student's Full Name (print): to take part in a series of schoand requires your written perrand return the form to the facu	ool activities away fr mission. If you appro	om school. Partic	ipation in	these events is p	
I understand and acknowledge school-related trip shall be decinjury, accident, illness or deat forever release and discharge Joint Union High School District and all claims of whatsoever illness, or death of any kind or	emed to have waive h occurring during o , for ourselves, our ct, its Board of Trust kind of nature, for e	d all claims again r by reason of the heirs, executors, ees and its office or because of pe	st the Dist e trip. In co administra rs, agents ersonal inju	rict or the State of possideration there tors, and assigns and employees of ary, accident, pro	of California for cof, I do hereby s, the Roseville of and from any perty damage,
Event: _Swimming and Diving					
Destination :Various (see b	ack for schedule)				
Date of Trip: Various (see ba	ack) Estimated Tim	ne of Departure		Estimated	☐ am ☐ pm
Time of Return:				Means of	☐ am ☐ pm
Transportation: (Please check	appropriate box)				
District Owned Bus District Owned Veh		mmercial Carrier vate Vehicle		Walking Bicycle	
Name of Commercial (Carrier:				
*** Original form must be	carried with spons	or during trip***	Copy of fo	orm must remain	in office***
I further understand that in the has my express permission emergency treatment.					
IMPORTANT MEDICAL CONI	DITION/ALLERGY II	NFORMATION S	CHOOL P	ERSONNEL SHO	OULD KNOW:
EMERGENCY PHONE NUMB	ERS:				
Cell:	Home:		Worl	« :	
Print Name of Parent or Gua	Signature of	Parent or	Guardian	Date	