

2023 OCAC Jr. Guard Prep & Conditioning Program

Our program is geared specifically to help your child prepare for and excel at the Junior Guard swim test. For nearly 2 decades, we have boasted a 95% success rate in qualifying children for Junior Lifeguards. The training will focus on conditioning, stroke technique, and strategy to help develop the skills necessary to pass the Junior Lifeguard Swim! The OCAC professional staff will run all the workouts. You're sure to be satisfied!

*****SPACE IS LIMITED AND WE WILL FILL UP******

Location: Newport Shores Community Pool

511 Canal St, Newport Beach, 92663

****Your kids will love the pool! It is heated, warm and welcoming! ****

Days & Times: Monday–Thursday 3:30-4:30pm & 4:30-5:30pm

Program Dates: January 23rd- February 1st – Head Start

(Mon & Wed first 2 weeks, then Monday-Thursday starting Feb 6th)

February 6th-March 23rd – Regular Start

(Monday-Thursday starting Feb 6th)

Cost:

\$219 (\$239 Head Start) - Shores residents

\$275 (\$295 Head Start) – Sponsored Non-residents

How to register: Please register Online at: www.OCACSWIM.COM

All Participants will need a release form and Sponsor Information on file.

OCAC

P.O. Box 15065

Newport Beach, CA 92659

Online: www.OCACswim.com

*** IMPORTANT FOR ALL SPONSORED NON RESIDENT PARTICIPANTS ***

Non-resident participants must be a sponsored guest of a Newport Shores resident. Resident name and address must be included with your registration form. Please contact the swim office with any questions regarding this policy if you are having trouble arranging a sponsor.

Private Lessons Available upon request

Questions about program or to schedule Private lessons email or call the swim office

ocacinc@gmail.com

949.548.5668

Registration & Release Form on next page/back of 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 _____

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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: _____

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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