PLEASANTON VALLEY SWIM CLUB FALL SWIM CAMP
5014 GOLDEN ROAD PLEASANTON, CA 94566

All swimmers must swim one lap of free, back, breast, and fly. This is not a "learn to swim clinic." Swimmers of the age of 7 to 18 will be accepted if space available. If you have doubts about whether or not your child qualifies for this swim camp please email *Coach Brett at lal4lifebs@aol.com.* Coach Brett will determine final eligibility due to safety guidelines for Swim Camp. All portions of the registration form and waiver forms must be completed, and the amount paid in full to be registered in this Dolphin Swim Camp. The form of payment for this clinic will be cash or check. Swimmers will be placed in stable groups of 36+ to form our Camp Groups for 8 weeks of training from October 15th – December 4th. No Full Refunds will be offered after October, 2024. Training will be held at PVC, Monday-Thursday 3:45 PM-8:45 PM. All groups will train 3-4 times a week. Training Times are Assigned.

SWIMMER INFORMATION:

1. _____
Last name | First Name | Date of Birth (l/11/1111) | Age

2. _____
Last name | First Name | Date of Birth (l/11/1111) | Age

3. _____
Last name | First Name | Date of Birth (l/11/1111) | Age

CONTACT INFORMATION:

Address | City | Zip

Home Phone | Email | Print Clearly Please

Father's Name (First & Last) | Home Phone | Cell Phone | Work Phone

Mother's Name (First & Last) | Home Phone | Cell Phone | Work Phone

EMERGENCY CONTACT INFORMATION:

Name | Relationship | Phone | Cell Phone

Insurance & Medical Information

Insurance Company | Member ID | Insurance Phone Number

Physician's Name | Physicians Phone #

Dentist Name | Dentist Phone #

Please list any and all conditions, illnesses or information, which the coach should be aware of (If non, please write "None")

PAYMENT INFORMATION:

Mail Registration & Waiver Forms to Brett Rauscher 4447 Bacon Court, Pleasanton, CA 94588 - *Email all questions to Coach Brett at coach@pvclub.com or*

Payment Amount_____
Check #_____ **Make Payable to PVC**

☐ **$450 New Swimmer**
☐ **$350 Fall Camp #1 Return Swimmers**

I agree to the Dolphin Camps Safety Rules, healthy safety checks for my child(ren) and understand the importance of COVID- 19 Warning Signs. (Initial Here): _____

I, the undersigned parent or guardian of the above-referenced child(ren) hereby give my authorization and approval for his/her/their participation in any and all activities of the PVC Fall Swim Camp 2024. I hereby absolve and release Pleasanton Valley Club (PVC), and all persons associated with the Club, of any responsibility or liability for any accident or injury of my child(ren), as a result of his/her/their participation in said activities
I acknowledge the contagious nature ofCOVID-19 and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 at the pool and that such exposure or infection may result in serious illness. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my entire family, my child(ren), and myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my family, and my child(ren) may experience or incur in connection with my child(ren)'s attendance at PVC or participation for PVC Dolphins. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Pleasanton Valley Club, PVC Dolphins, PVC Coaches, and PVC Staff Members.
In Case of emergency, I grant permission to Brett Rauscher and his staff members to initiate the first aid/emergency process to care for my child. I hereby give authorization for the approval for his/her/their participation in any and all activities of the PVC Program held at Pleasanton Valley Swim Club. Swimming is a physical activity and as will all physical activities injury is a possibility. PVC does not provide health insurance.

Name | Signature | Date