



# Paddle On!!!

Maintain your fitness; swim more with your peers.

Get ready for High School competitive swimming season with Mavericks High School Program. Mavericks Swimming now offers coached workouts and stroke instruction tailored to High School athletes. Only High School aged athletes will be allowed.

Download registration forms and learn more at: [www.mavericks-swim.org](http://www.mavericks-swim.org) If the website doesn't answer your questions you can call **877-410-1608**

Fall 2008-09 High School session schedule and fees November 3, 2008 – January 22, 2009:

	Mon.	Wed.	Thurs.	Fee*
High School Athletes (only)	3:15 – 4:30 PM	3:15 – 4:30 PM	3:15 – 4:30 PM	\$125

**\*Plus an additional \$55 USA-Pacific Swimming registration REQUIRED before participation for athletes who have not yet registered with Pacific Swimming for 2009. -- Meet entry fees are not included in HS Program -- No swimming 12/22/08 – 01/01/09 due to holiday break. Practices may be canceled due to pool equipment repairs. -- Full Mavericks sessions are also available to those athletes who wish to swim five days per week. HS students who are full five-day session athletes may participate in the High School Program workouts as an additional practice or schedule option at no added cost.**

## Registration Form: High School Program – Nov. 3, 2008 through January 22, 2009

Name: \_\_\_\_\_ Fee: \$125

PSA Form current \_\_\_yes\_\_\_no (If No, **include \$55** check, made out to **Pacific Swimming Assoc**) \_\_\_\_\_

Office Use Only: \_\_\_ Emergency Info (update if returning) \_\_\_ E-mail ok? \_\_\_ Liability Waiver \_\_\_ Athlete/Parent Code of Conduct \_\_\_ Volunteer Opportunities \_\_\_ Current Calendar / Meet Expect / Workout Schedule \_\_\_ Swim Gear / Ts & Sweats / Parka Orders?

Swim Fees Paid \_\_\_\_\_ Check # \_\_\_\_\_ Amt

PSA Fees Paid \_\_\_\_\_ Check # \_\_\_\_\_ Amt



USA SWIMMING

2009 ATHLETE REGISTRATION APPLICATION
LSC: PACIFIC SWIMMING (PC)

PLEASE PRINT LEGIBLY • COMPLETE ALL INFORMATION:

LAST NAME LEGAL FIRST NAME MIDDLE NAME

PREFERRED NAME DATE OF BIRTH (MO./DAY/YR.) SEX (M/F) AGE CLUB CODE NAME OF CLUB YOU REPRESENT

FATHER/GUARDIAN LAST NAME FATHER/GUARDIAN FIRST NAME MOTHER/GUARDIAN LAST NAME MOTHER/GUARDIAN FIRST NAME

MAILING ADDRESS

CITY STATE ZIP CODE

AREA CODE TELEPHONE NO. U.S. CITIZEN? ARE YOU A MEMBER OF ANOTHER FINA FEDERATION?

- DISABILITY: A. Legally Blind or Visually Impaired, B. Deaf or Hard of Hearing, C. Physical Disability such as amputation, cerebral palsy, dwarfism, spinal injury, mobility impairment, D. Cognitive Disability such as mental retardation, severe learning disorder, autism
RACE AND ETHNICITY: Q. Black or African American, R. Asian, S. White, T. Hispanic or Latino, U. American Indian & Alaska Native, V. Some Other Race, W. Native Hawaiian & Other Pacific Islander

MAKE CHECK PAYABLE TO: PACIFIC SWIMMING
MAIL APPLICATION & PAYMENT TO: PACIFIC SWIMMING REGISTRATION
1034 WOODSTOCK COURT
WALNUT CREEK, CA 94598
EMAIL: judy4pc@pacbell.net
925-933-0395

REGISTRATION FEE \$55.00

YEAR LAST REGISTERED IF YOU REGISTERED WITH A DIFFERENT USA SWIMMING CLUB IN 2007, ENTER THAT CLUB CODE LSC CODE AND THE DATE OF YOUR LAST COMPETITION REPRESENTING THAT CLUB

SIGN HERE x SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

USA Swimming occasionally makes its membership list available to its marketing partners. Please notify USA Swimming's Member Services Dept. at 719/866-4578 if you do not wish to receive these mailings. CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT USA SWIMMING'S COMMUNITY INITIATIVES



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