



# Little Star Registration - 2012 Winter

January 3 - April 1 (13 weeks)

Fremont - Indoor  
STAR PROGRAM

**The Calphin Little Star Program** is a privilege program for a small group of young talented swimmers who are selected to receive specialized training created and designed by Head Coach, Olympian Xiaohong Wang. The purpose of the program is to professionally train young swimmers to be champion swimmers as they advance their skills. The participants of this program are recommended and approved to receive such specific training. With drill sets and training, your swimmers will obtain excellent training from Calphin top experienced coaches to prepare for their own championships in the future.

**Requirements:** Swimmer must be 8 years or younger and must be able to meet or is faster than Calphin Sprinter 1 level times. Star swimmer must be a participant of the current or past session at Calphin. **Nominated by Calphin Coach and approved by Coach Wang.**

**PRICE : \$474**

Price Includes: Twice a week classes (26 classes total)

**SCHEDULE :**

**Tuesday and Thursday  
4pm-5pm**

1 hr, twice a week - max class ratio 1:14

Participant Full Name		Sex	Birth date	Program Fees (Office Use ONLY)
#1				<input type="checkbox"/> \$25 x ____ = \$ ____ Annual Registration Fee
#2				<input type="checkbox"/> \$474 x ____ = \$ ____ ( x # of swimmers)
<b>Home Address</b>		<b>Phone Numbers</b>		<input type="checkbox"/> Mmbr Disc: ID# _____ 10% off = - \$ ____ (Off the tuition <b>ONLY</b> w/ membership sustained thru end of session)  <b>Total Amount: \$ _____</b>
		Home		
		Cell		<b>Office Use Only</b> <input type="checkbox"/> Cash <input type="checkbox"/> CHK <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Debit <input type="checkbox"/> Cpn(N) <input type="checkbox"/> Cpn(P) <input type="checkbox"/> CLBCR _____ # _____ Amt Pd: \$ _____ Rec'd by: _____
<b>Parent Name</b>		<b>Email Address - REQUIRED</b>		

For safety of swimmer(s), please list medical conditions/disabilities the above has: (i.e. asthma, diabetes, epilepsy/seizures, allergies, and etc.)

(All information disclosed to Calphin will remain confidential)

As a swimmer (or parent of), I have been consulted in regards to mine or my child's swim level. I am aware that adjustments might be made on/after the first lesson to place the swimmer into a swim class that fits best and is the safest. Such adjustments might include a change in level, day, or time of schedule. \_\_\_\_\_ (Initials)  
I give Calphin Aquatic Club full permission to take pictures of my child(ren) listed above for marketing only purposes. I understand that the pictures taken will be used by Calphin Aquatic Club only and will not be distributed to other parties. \_\_\_\_\_ (Initials)

## Club Policy:

The registration minimum to open a class is 4 students for all levels of swim lessons. The Calphin Aquatic Club will make every effort to optimize by combining adjacent levels or rescheduling classes with low enrollment. Please be aware that your requested class may be cancelled if enrollment is low and in that case a credit or refund will be issued.

- **No Makeup classes.** Cancellations on and after 1st day of classes are subject to \$20 fee. Registration fee is non-refundable after the first day of the quarter.
- Self Practice will be available for any other missed classes (Self Practice is Wednesday 8p-9p and Sunday 12n-1p).
- **If a class is missed per the request of a doctor then a doctor's note must be submitted within two weeks of first missed class to receive credit towards immediately following session.**
- If your child's level changes causing a price adjustment you will be contacted and the rate adjustment will be collected on or before the first day of class
- If classes are cancelled due to pool maintenance or accidents, class credit will be issued, but no make up classes.
- First time permanent change of class schedule is free in each session. There is a \$20 fee for changing class schedule after the 1st reschedule.
- Bounced check subjected to \$25 charge.

By signing the form below, I certify the above provided information is correct and the swimmer is in good health to swim in chlorinated water. I also confirm that we have received, understood, and will comply with all the safety rules and club policy (see website [www.Calphin.com](http://www.Calphin.com) for complete policy) established by Calphin Aquatic Club (CALPHIN) (formerly known as California Dolphin Swim School). I, the undersigned, understand and assume all incidental risks involved in swimming and its facility, and agree that CALPHIN cannot be held accountable for any knowledge of any medical conditions of any swimmer mentioned above that is not listed and communicated above. In case of injury to the swimmer I, the undersigned, do hereby release, indemnify, hold harmless and waive all claims against the pool facility owners, management organizations, CALPHIN, their officers and employees. I also certify that I have read, understood the foregoing message, and sign this form voluntarily.

X \_\_\_\_\_  
Parent or Legal Guardian Signature

X \_\_\_\_\_  
Date

OFFICE USE ONLY: (Initial/Date) Roster \_\_\_\_\_ Double Check \_\_\_\_\_ ICP \_\_\_\_\_ Date Stamp \_\_\_\_\_