

jewish community center

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Kathleen K. Kennair
Aquatics Director, Uptown
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Name
Aquatics Director, Metairie
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2011



Swim Team Practice Begins Monday, May 1, 2011

Swimmers can attend practice at either campus.

May Practices

Uptown Campus

ages 5 & 6, 3:30 - 4:30 PM | ages 7 & 8, 4:30 - 5:30 PM

Tuesdays & Thursdays

ages 9 & 10, 3:30 - 4:30 PM | ages 11 & up, 4:30 - 5:30 PM

Mondays & Wednesdays

ages 9 & 10 and 11 & up, 4:00 - 5:00 PM

Fridays

Metairie Campus

all ages, 4:30 - 5:30 PM

Tuesdays & Thursdays

June and July Practices

Uptown Campus

ages 5 & 6, 3:30 - 4:30 PM | ages 7 & 8, 4:30 - 5:30 PM

Tuesdays & Thursdays

ages 9 & 10, 3:30 - 4:30 PM | ages 11 & up, 4:30 - 5:30 PM

Mondays

ages 9 & 10 and 11 & up, 4:00 - 5:00 PM

Fridays

Metairie Campus

all ages, 4:00 - 5:00 PM

Mondays, Tuesdays & Thursdays

Swim Meet Schedule | Division I Name in (bold) = place held

Jewish Community Center (JCC)	Bellemeade Swim Club (BSC)
Chateau Country Club (CCC)	Mimosa Swim & Racquet Club (MSRC)
Cypress Lakes (Ormond) (CLCC)	Metairie Country Club (MCC)
June 1, Wed	JCC vs BSC 2 PM warm-up 3 PM start
June 7, Tues*	JCC vs MCC 10:30 AM warm-up 11 AM start
June 15, Wed	JCC vs MSRC 10:30 AM warm-up 11 AM start
June 22, Wed	JCC vs CCC 3 PM warm-up 4 PM start
June 29, Wed	JCC vs CLCC 2 PM warm-up 3 PM start

* Meet will be held on Tuesday due to Jewish Holiday on Wednesday

Divisional Meet, July 7 | City Championship, July 12 both held at UNO pool

JCC Swim Team Members will be entered, and are expected to participate, in all of the dual swim meets. If there is a conflict which prevents the team member from participating, **notify one of the coaches in writing two weeks prior to the swim meet.**

PARENTS MEETING

1 parent **MUST** attend one of the meetings:
(children do not have to attend)

Thursday, April 21 | 6:00 - 7:00 PM | Metairie

Thursday, April 28 | 6:00 - 7:00 PM | Uptown

Swim Team Requirements

- **Waiver** - All waivers and registration forms must be paid before **May 13, 2011**. Download additional copies of these forms at www.nojcc.org.
- **Eligibility** - Silver or Gold members between the ages of 5 and 18 who are able to swim the length of the JCC pool (25 yards) without assistance.
- **\$150 per person**
- **Swim Suits** - JCC Swim Team suits are required for uniformity. Every participant must wear an all black racing suit that can be purchased at Natal Swim and Tri-Zone, 2221 Transcontinental Dr., Suite E, Metairie, LA 70001 | phone 504.885.2061. All swimmers are expected to wear their team suit and a swim cap at every meet.
- **Swim Team Practice, Uptown and Metairie** - Swim practices are held at both JCC locations. Each practice will last one hour. The children will work on improving their stroke development for all four strokes as well as learning proper starts and turns.
- **Bad Weather** - In the event of bad weather, contact the Uptown JCC at 504.897.0143 or the Metairie JCC at 504.887.5158 for cancellations or rescheduling. Please note that swim meets are not postponed until 1 hour from the start of the meet.

jcc swim team registration/volunteer form 2011

Please fill out completely and return by May 13, 2011.

Uptown: ATTENTION KATHLEEN KENNAIR • 5342 St. Charles Avenue • New Orleans, LA 70115
Metairie: ATTENTION KATHLEEN KENNAIR • 3747 W. Esplanade Avenue • Metairie, LA 70002

Volunteer Information

** Parents of swimmers, or their designated representative, are expected to assist in some capacity during at least one dual meet per season. This assistance is crucial to the swim meet process.*

*NAME _____ MEET DATE (PLEASE CIRCLE ONE) _____ SHIFT _____ TASK (PLEASE CIRCLE TWO)
JUNE 1 | JUNE 7 | JUNE 15 | JUNE 22 | JUNE 29 1__ 2__ 2__ TIMER | RIBBON WRITER | SCORE KEEPER
(SHIFTS ARE 1 1/2 HOURS EACH)
JUNE 1 | JUNE 7 | JUNE 15 | JUNE 22 | JUNE 29 1__ 2__ 2__ TIMER | RIBBON WRITER | SCORE KEEPER
(SHIFTS ARE 1 1/2 HOURS EACH)
IS YOUR CHILD MISSING A SWIM MEET? ___ YES ___ No IF YES, WHICH ONE? JUNE 1 JUNE 7 JUNE 15 JUNE 22 JUNE 29
DATE _____ CAMPUS ATTENDING: ___ UPTOWN ___ METAIRIE ___ BOTH

MEMBER NAME _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS 1 _____ 2 _____

PHONE No. | HOME _____ WORK _____ CELL _____

PARTICIPANT'S NAME	SEX	AGE AS OF JUNE 1, 2011	BIRTHDATE	AMOUNT PAID
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

METHOD OF PAYMENT (CIRCLE ONE) AMEX VISA MC CASH CHECK No _____ TOTAL PAID _____
CARD No _____ EXPIRATION DATE _____
SIGNATURE _____

Class Policies

Unless otherwise stated, all materials and supplies are provided by students. Makeup classes occur only when a teacher is absent or the Center is closed. It is not possible to receive a refund after a class has started.

Participation in any JCC activities and use of any recreational facilities involves a risk of accidental injury despite all safety precautions. Having been informed of the activities to be conducted by THE JEWISH COMMUNITY CENTER OF NEW ORLEANS, I/WE as an individual or as a parent or guardian of the participants named herein, assume all risks and hazards incidental to the activities, and release from responsibility and agree to indemnify, defend and hold harmless (including the payment of attorney's fees) THE JEWISH COMMUNITY CENTER OF NEW ORLEANS, its officers, directors, independent contractors, volunteers and all employees for any illness, death or injury to me or my children or family members occurring during his/her/our participation in any activities or use of any recreational facilities at or conducted by THE JEWISH COMMUNITY CENTER OF NEW ORLEANS.

Signature of registrant _____

2011 AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in G.N.O.C.C.S.L. athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he/she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he/she should immediately advise his/her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from the actions, inactions or negligence, but the action, inaction or negligence of others, the rules of play, or condition of the premises or any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damage following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue G.N.O.C.C.S.L., its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "released parties," from any and all liability to each of the undersigned, his/her heirs and the next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the released parties or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Parent or Legal Guardian (Signature and relationship to swimmer) _____ Date _____

PRINTED NAME OF PARENT/GUARDIAN _____

ADDRESS OF PARTICIPANT _____

AGE ON OR BEFORE JUNE 1st

DATE OF BIRTH (xx/xx/xxxx)

SEX AGE

PARTICIPANTS NAME(S)

1. _____
2. _____
3. _____
4. _____

CLUB NAME _____

Coaches: Please return to Guy Farber, League Secretary