

Orinda Aquatics

Polar Bear

Fall Swimming! 2009

Serving the community since 1984



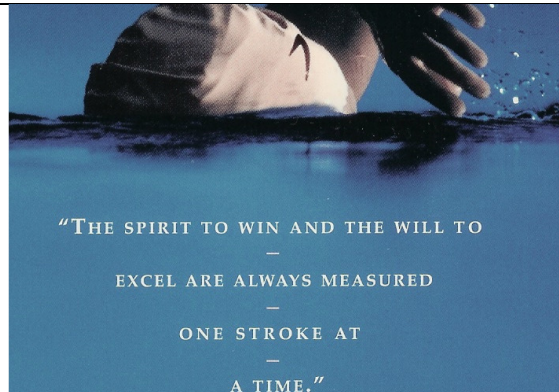
"The secret to becoming confident is preparation. By practicing we come to a point of competence. We find ourselves accomplishing our goals gracefully and confidently. It is then we do things that we never dreamed we could do. We discover powers we never knew existed."

The OA Way

www.orindaaquatics.org

ORINDA AQUATICS FALL SWIMMING 2009!

THE SODA AQUATIC CENTER SLEEPY HOLLOW SWIM & TENNIS CLUB SPRINGBROOK SWIM CLUB



A nationally recognized program for swimming development and character development

Come and join hundreds of summer recreational swimmers from over twelve teams. Learn in a program that has a 27-year tradition of coaching and teaching OMPA and County swimmers to swim with great technique and tremendous success.

The program runs from September to December and will focus on;

- Teaching the most current and sound techniques in USA Swimming
- Emphasizing "distance-per-stroke" and swimming efficiency for the long-term
- Starts, turns, streamlining, and speed under water
- Controlled endurance (as apposed to repetitive yardage)
- Workout/training discipline, maturity, and education

The coaching staff has:

- Nearly 150 years of experience
- Enjoyed tremendous success in recreational, high school, and USA Swimming
- Coached well over 1,000 OPMA and County finalists and over 150 All-Americans

The program was created nearly three decades ago by Ron and Don Heidary, current Co-Head Coaches of Orinda Aquatics as well as Head Coaches of Campolindo and Miramonte High Schools. The Program Director is Matt Ehrenberger, Head Age-Group coach of Orinda Aquatics and Head Coach of Sleepy Hollow Swim & Tennis Club.

Please find further details on the following pages and visit our website at,

www.orindaaquatics.org.

ORINDA AQUATICS FALL SWIMMING 2009

Areas of Emphasis

5-6	Learn proper technique in all four strokes and proper streamlining Must be able to swim 25 yards of freestyle with proper side breathing and 25 yards of backstroke. Note, this is not a learn-to-swim program
7-8	Develop all four strokes, learn efficient dive and streamline, develop speed
9-11	In addition to extensive strokework, swimmers will learn and develop all turns, including IM turns, and develop an understanding and strategy for swimming 50 yard races
12 & over	Increase stroke quality and efficiency, improve starts and turns, and introduce training principles

Important Dates

Sept. 1 st	Registration postmarked for guaranteed participation
Monday, Sept. 14 th	Parent Meeting at the Soda Center at 6:30 pm <ul style="list-style-type: none"> The coaches will outline the program and answer questions Additionally topics will include long-term swimming "success", high school swimming, USS swimming, college swimming, swimming and water polo, and the student-athlete There will also be an in-pool demonstration of proper swimming technique and progression
Sept. 15 th	First Workout (Tuesday)
Sept. 29 th	Deadline to drop from the program and receive a refund
Thanksgiving	No workout Thursday or Saturday
Dec. 3	Last Workout (week of JO's)

Meet Dates *(meets are optional)*

October	Orinda Aquatics Fall Jamboree (Possibly October 10 th or 11 th)
Oct. 24-25	Marin CBA+
Nov. 14-15	Orinda Aquatics A+ (at the Soda Center)
Dec. 4-6	Junior Olympics (a qualifying meet for 14&U, AA+) Pleasanton

General Cost Information

Cost:	\$375 - First swimmer	Cost Includes: <ul style="list-style-type: none"> USA Swimming registration OA Team T-Shirt OA Team Cap
	\$350 - Second swimmer	
	\$300 - Third swimmer	
	\$100 - Fourth Swimmer	

Coaching Staff

Coaches are certified in First Aid, CPR, and Water Safety Training, and are registered with United States Swimming. The coaching staff has extensive experience, strong ties to the community, and operates with the highest levels of professionalism and integrity. They are among the best in age-group coaching.

Additional Information:

Registration (only):	jeanheidary@sbcglobal.net
Swim Program:	Please send an email from Orinda Aquatics.com (<i>contact button</i>)


Practice Schedules and Cost Information

Workouts are Monday-Thursday afternoon and Saturday (at Soda) morning.

SODA AQUATICS CENTER (M-TH)

Age	Workout time	"Prepare the child for the path, not the path for the child."
7&Under	3:30-4:10	
8 yr	4:10-4:50	
9-10	4:50-5:40	
11-12	5:40-6:30	
12&Up	6:30-7:40	

SPRINGBROOK (M-TH)

Age	Workout time	
5-6	3:40-4:20	
7-8	3:40-4:20	
9-10	4:20-5:10	
11 & Up	5:10-6:20	

SLEEPY HOLLOW SWIM & TENNIS CLUB

Age	Workout time	Orinda Aquatics coaches will always make themselves available to answer any questions or help swimmers, parents, or teams navigate the swimming landscape.
6&U	3:30-4:05	
7-8	4:05-4:50	
9-10	4:50-5:45	
11&Up	5:45-6:45	

Saturday Workout Schedule (Soda Center ONLY)

Age	Workout time
8 & Under	10:20-11:00
9 – 11	9:30-10:20
12 & Up	8:30-9:30



Note:

- Workout schedules are subject to change. Soda workouts will condense Thanksgiving week through the end of the program.
- Please be aware that should sign-ups exceed capacity, *swimmers may be placed on a waiting list.*
- We ask that families commit to one site for group management and administration efficiency.

Thank you for choosing Orinda Aquatics. We are very proud to serve you.

**Don & Ron Heidary, Co-Founders
Matt Ehrenberger - Director**

The OMPA Exemption

(Final year)

FOR THOSE INTERESTED IN LEARNING MORE ABOUT, OR TAKING ADVANTAGE OF, THE OMPA "EXEMPTION" FOR SWIMMERS AGE 11-14, PLEASE TALK TO AN ORINDA AQUATICS COACH, EMAIL US AT ORINDA.AQUATICS.ORG.
DETAILS ARE ON THE OMPA WEBSITE.



EACH ORINDA AQUATICS FALL SWIMMER WILL RECEIVE:

- AN ORINDA AQUATICS FALL SWIMMING T-SHIRT
- AN ORINDA AQUATICS CAP

Just Do It!

ORINDA AQUATICS IS PROUDLY SPONSORED BY NIKE SWIM AND NORCAL SWIM SHOP

"IT IS GOOD TO HAVE AN END TO JOURNEY TOWARD, BUT IT IS THE JOURNEY THAT MATTERS, IN THE END." LE GUIN

**NORCAL
SWIM SHOP**

2009 (Polar Bear) Fall Swimming Registration Form

Mail registration Forms/Fees (by September 2nd to guarantee a spot) to:

P.O. Box 2304, Orinda, CA 94563

(Checks made payable to Orinda Aquatics)

Parent orientation pool demonstration on Wednesday, September 9th at 6:30 at the Soda Center

Registration questions only: JeanHeidary@sbcglobal.net

Program questions: [orindaaquatics website](http://orindaaquatics.com) (contact tab)

Must fill in completely - PLEASE PRINT CLEARLY – ONE FORM PER CHILD

First	Middle (need for USS reg.)	Last
Pool Preference: <i>Sleepy Hollow, Soda, Springbrook</i>		2009 Freestyle time:
Summer Team:		A 2008 Fall Swimmer? Y / N
Date of Birth:	M / F	Age as of 6/15/10:
Home Address:		
City/Zip:		
Contact Email: <i>(required)</i>		
Home Phone Number:		
Contact Parent's Name:	Cell Number:	
Doctor/Phone:		
Medical Conditions:		
T-Shirt Size:	Y-M Y-L A-S A-M A-L	

Permission to Participate/Medical Release

The undersigned, parent(s) or legal guardian(s) of _____ certify that he/she is of good physical condition and is fit for participation in the activities of Orinda Aquatics, Inc. I/We understand these activities include aerobic exercises, swim workouts, swim meets, and other activities routinely associated with the development and participation in USA Swimming functions (activities may include transportation to and from meets and swim related social functions). The undersigned shall jointly and severally hold Orinda Aquatics, Inc., all officers, agents, and employees of Orinda Aquatics, Inc. harmless from any and all liabilities for personal injury and property damage which might arise out of or relate to the conduct of participation in the activities of Orinda Aquatics, Inc. I/We fully understand the risks associated with physical activities such as competitive swimming and hereby give our permission for participation to the above participant for whom we are the legal parent(s) or guardian(s). I/We also hereby agree to the provision of emergency medical procedures that may be required due to illness or injury which might arise out of the participation in the activities of Orinda Aquatics, Inc. to provide emergency medical treatment through a fully licensed hospital or through the family physician or dentist listed.

Name

Signature

Relationship to Swimmer

Date