



WAVES SWIM CLUB

Fall 2020

West Plains Swim Club is a 501(c)3 non-profit USA Swimming program.



REGISTRATION FEES PER SWIMMER & PRACTICE TIMES:

- Tidal Waves 1:** 6:00-6:45 pm Tuesday and Thursday. Rate: \$200.00.
- Tidal Waves 2:** 6:00- 7:00 pm Tuesday and Thursday. Rate: \$200.00.
- Age Group 1:** 6:00- 7:00 pm Tuesday and Thursday. Saturday 10:00am- 12:00 pm. Rate: \$200.00.
- Age Group 2:** 7:00- 8:30 pm Tuesday and Thursday. Saturday 10:00am- 12:00 pm. Rate: \$225.00.
- Varsity:** 6:45pm - 8:30 pm Tuesday and Thursday. Saturday 10:00am- 12:00 pm. Rate: \$225.00

Registration covers pool access for practice time only between August 1st to December 15th 2020. If pool is closed due to COVID-19 we will attempt to make up sessions if possible. No refunds will be given.

USA SWIMMING REGISTRATION IS REQUIRED FOR ALL SWIMMERS. An additional \$20 flex (2 USA meets a year) or \$68 (unlimited meets) for every swimmer is required. If you swam winter session 2020, you were registered.

SWIMMER(S) INFORMATION: PLEASE PRINT CLEARLY

First Name:	Middle Initial:	Last Name:
DOB:	Age:	Group: TW1 TW2 AG1 AG2 V
First Name:	Middle Initial:	Last Name:
DOB:	Age:	Group: TW1 TW2 AG1 AG2 V
First Name:	Middle Initial:	Last Name:
DOB:	Age:	Group: TW1 TW2 AG1 AG2 V
First Name:	Middle Initial:	Last Name:
DOB:	Age:	Group: TW1 TW2 AG1 AG2 V

PARENT/GUARDIAN NAME(S):

ADDRESS:

MOM (CELL): _____ OTHER: _____

DAD (CELL): _____ OTHER: _____

SWIMMER (CELL): _____

EMERGENCY CONTACT: _____ **PHONE:** _____

LIST ANY MEDICAL CONDITIONS / DISABILITIES / CONCERNS:

OFFICE USE ONLY	Amount Paid:	Check #:	Cash:
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WAVES SWIM CLUB
USA SWIMMING CODE OF CONDUCT: *ATHLETES*

The purpose of a code of conduct for athletes is to establish a consistent expectation for athletes' behavior. By signing this code of conduct, I agree to the following statements:

- I will respect and show courtesy to my teammates and coaches at all times.
- I will demonstrate good sportsmanship at all practices and meets.
- I will set a good example of behavior and work ethic for my younger teammates.
- I will be respectful of my teammates' feelings and personal space. Swimmers who exhibit sexist, racist, homophobic, or otherwise inappropriate behavior will be faced with consequences.
- I will attend all team meetings and training sessions unless I am excused by my coach.
- I will show respect for all facilities and other property (including locker rooms) used during practices, competitions, and team activities.
- I will refrain from foul language, violence, behavior deemed dishonest, offensive, or illegal.
- If I disagree with an official's call, I will talk with my coach and not approach the official directly.
- I will obey all of USA Swimming's rules and codes of conduct.

I understand that if I violate this code of conduct, I will be subject to disciplinary action determined by my coaches and the swim club's president, Heather Kamps.

_____	_____	_____	_____
Swimmer's signature	Date	Swimmer's signature	Date
_____	_____	_____	_____
Swimmer's signature	Date	Swimmer's signature	Date

USA SWIMMING CODE OF CONDUCT: *PARENTS*

The purpose of a code of conduct for parents is to establish consistent expectations for behavior by parents. As a parent/guardian, I understand the important growth and developmental support that my child's participation fosters. I also understand that it is essential to provide the coaching staff with respect and the authority to coach the team. I agree with the following statements:

- I will always set the right example for our children by demonstrating sportsmanship and showing respect and common courtesy to the team members, coaches, competitors, officials, parents, and all facilities.
- I will get involved by volunteering, observing practices, cheering at meets, and talking with my child and their coach about their progress.
- I will refrain from coaching my child from the stands during practices or meets.
- I understand that criticizing, name-calling, use of abusive language or gestures directed toward coaches, officials, volunteers, and/or any participating swimmer will not be tolerated.
- I will respect the integrity of the officials.
- I will direct my concerns to first to a member of the coaching staff; then, if not satisfied, to the appropriate supervisor, Heather Kamps or the Waves Swim Club Board of Directors.

I understand the above expectations and that my failure to adhere to them may result in disciplinary action.

_____	_____
Parent/Guardian Signature(s)	Date



Waves Swim Club 501(c)(3)

WAIVER/ RELEASE OF LIABILITY/ PHOTO-VIDEO-MEDIA RELEASE

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY AND WAVIER OF CERTAIN LEGAL RIGHTS.

I, _____, (swimmer name or parent/guardian of the enrolled athlete(s) if swimmer is under 18) agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

The parent/guardian hereby agrees to allow their athlete(s) to participate in the Waves Swim Club program and hereby agrees to indemnify and hold harmless the Waves Swim Club 501(c)(3), its coaches, officers, directors, board, volunteers, agents, and employees against any liability resulting from any injury that may occur to the athlete(s) while participating in the Waves Swim Club program(s). The parent/guardian also agrees to indemnify the Waves Swim Club 501(c)(3) from any damages incurred arising from any claims, demands, or cause of action by the athlete(s).

The parent/guardian authorizes any representative of the Waves Swim Club, to have the athlete(s) treated in any medical emergency during participation in the swim program. Furthermore, the parent/guardian agrees to pay all costs associated with the medical care and transportation for the athlete(s). I have noted on the information form any medical/health problems of which the coaches, officers, directors, board, agents and employees should be aware.

Photos of athletes will be utilized for publicity of the Waves Swim Club at the coaches' discretion.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTNET AND SIGNIFICANCE.

MEDIA RELEASE

As part of the Waves Swim Club 501(c)(3) communication process, the team maintains a web site, Facebook page and periodically prints newsletters and statistics or provides information to news organizations. This form documents how you want your swimmer's information handled.

Please read and sign below. Indicate YES or NO where appropriate:

- 1. I hereby authorize the use of still photographs taken at swim meets or other swim team functions. I recognize these photos may be posted on the team website, Facebook, or other social media outlets or used by news media in covering swimming events. YES NO
2. I understand that no personal demographic information will be posted on the team website/Facebook page in conjunction with these photos. YES NO
3. I hereby grant permission to post swimming-related statistics and information on the team website, the team newsletter, Facebook page and/or provide this information to the news media. YES NO
4. I understand that neither my swimmer nor I will receive payment or other composition for the use of such photos or statistics. YES NO
5. I understand that information listed on the LSC or USA Swimming website regarding my child is not posted by the club. YES NO
6. I authorize the Swim Club, LSC, and USA Swimming to use our contact information in a club roster. YES NO
7. I hereby release the Swim Club, the LSC or USA Swimming from any and all liability in connection with the above said uses and purposes. YES NO

Parent/Guardian Name(s): _____

SIGNED: _____ DATE: _____
(Parent/Guardian if under 18)

ATHLETE NAME(S): _____



**Waves Swim Club, 501(c)3
COVID-19 Liability Waiver**

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my family, including child(ren), and I may be exposed to or infected by COVID-19 while on site at the pool and that such exposure or infection may result in personal injury, illness, permanent disability, and death.

I understand that the risk of becoming exposed to or infected by COVID-19 at the pool may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Waves Swim Club, the Waves Swim Club Board and coaches, the West Plains Civic Center, the Missouri State University -West Plains (MSU-WP) employees, swim volunteers, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or 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 the pool or participation in pool activities ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Waves Swim Club, Waves Swim Club board and coaches, MSU-WP and their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Waves Swim Club, Waves Swim Club board and coaches, MSU-WP and their employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in pool facility activities.

Swimmer(s): _____

Parent/Guardian: _____
(print name)

(signature) _____
Date