

OFFICE USE ONLY

Amount Paid:

WAVES SWIM CLUB



Winter 2021

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

REGISTRATION FEES PER SWIMMER & PRACTICE TIMES:

Tidal Waves: 6:00-6:45 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 January 5th to May 15^{th,} 2021. If pool is closed due to COVID-19 we will attempt to make up sessions if possible. No refunds will be given.

<u>USA SWIMMING REGISTRATION IS REQUIRED FOR ALL SWIMMERS.</u> An additional **\$20 flex** (2 USA meets a year) or **\$70 premium** (unlimited meets) for every swimmer is required. This will cover all of 2021.

SWIMMER(S) INFORMATION: PLEASE PRINT CLEARLY First Name: Middle Initial: Last Name: DOB: Group: TW AG1 AG2 V Aae: First Name: Middle Initial: Last Name: DOB: Group: TW AG1 AG2 V Age: First Name: Middle Initial: Last Name: DOB: Group: TW AG1 AG2 V Age: Middle Initial: Last Name: First Name: DOB: Age: Group: TW AG1 AG2 V PARENT/GUARDIAN NAME(S): ADDRESS: MOM (CELL):_____ OTHER: _____ DAD (CELL):____ SWIMMER (CELL): PHONE: EMERGENCY CONTACT: LIST ANY MEDICAL CONDITIONS / DISABILITIES / CONCERNS:

Check #:

Cash:



Swimmer's signature

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 and the swim club's president,		vill be subject to disciplinary action	determined by my coache	s
Swimmer's signature	Date	Swimmer's signature	Date	

USA SWIMMING CODE OF CONDUCT: PARENTS

Swimmer's signature

Date

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.

Date

- 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.

understand the above expectations and that my failure to adhere to them may result in disciplinary action.							
Parent/Guardian Signature(s)	 Date						



ATHLETE NAME(S):

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.

	CENTAIN LEGAL RIGHTS.						
	, (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.						
to inde employ Club p	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	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 CONTNENT AND SIGNIFICANCE.							
	MEDIA RELEASE						
page	ort of the <u>Waves Swim Club 501(c)(3)</u> communication process, the team maintains a web site, Facebook and periodically prints newsletters and statistics or provides information to news organizations. This form ments how you want your swimmer's information handled.						
1. It the mm 2. It coccurs as It not the feature of	se read and sign below. Indicate YES or NO where appropriate: hereby authorize the use of still photographs taken at swim meets or other swim team functions. I recognize hereby authorize the use of still photographs taken at swim meets or other swim team functions. I recognize hereby authorize the use of still photographs taken at swim meets or other swim team functions. I recognize hereby grant permission demographic information will be posted on the team website/Facebook page in conjunction with these photos. YES NO hereby grant permission to post swimming-related statistics and information on the team website, the team hewsletter, Facebook page and/or provide this information to the news media. YES NO hereby grant permission to post swimming-related statistics and information on the team website, the team hewsletter, Facebook page and/or provide this information to the news media. YES NO hereby grant permission to post swimmer nor I will receive payment or other composition for the use of such hotos or statistics. YES NO hereby grant permission to post swimmer nor I will receive payment or other composition for the use of such hotos or statistics. YES NO hereby grant permission to post swimmer nor I will receive payment or other composition for the use of such hotos or statistics. YES NO hereby grant permission to post swimmer nor I will receive payment or other composition for the use of such hotos or statistics. YES NO hereby grant permission to post swimming to use our contact information in a club roster. YES hotography grant permission to post swimming from any and all liability in connection with the hotography grant permission to post swimming from any and all liability in connection with the hotography grant permission to post swimming from any and all liability in connection with the hotography grant permission to post swimming from any and all liability in connection with the hotography grant permission to post swimming from any and all liability in connection with t						
5.5.1	ED: DATE: (Parent/Guardian if under 18)						



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	