

## Parent Acknowledgement of Tidal Waves Policies

- I am responsible for reading the Team Handbook and understanding the policies of the Tidal Waves.
- I understand that swim meets cannot take place without the help of every swimmer's family, and I agree to volunteer throughout the season at every meet my swimmer attends.
- I understand that it is our responsibility to inform the coaches in writing as soon as possible when my swimmers will be unable to attend swim meets or if they will be missing practice for more than one day.

**Refund Policy** The paid registration fees are partially refundable to a swimmer who withdraws from the team on or before the last day of the second week of practice, May 13. If your swimmer attends any practice after the 2<sup>nd</sup> week of practice, you will be entitled to a 50% refund. There are no refunds after Time Trials, May 21.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### Northwest Swim Circuit Code of Conduct

The Northwest Swim Circuit was formed with the objective of helping young swimmers to develop: physical fitness, self discipline, self confidence, proficiency in competitive swimming strokes, a determination to do one's best and good sportsmanship. The expectation of the Executive Board is participants will exhibit the highest standards of sportsmanship at all times while participating in all NWSC and member club affiliated events. Every participant, including swimmers, coaches, officials, board members, parents and spectators, has a responsibility to behave in a respectable manner and to comply with and support the Code of Conduct.

While attending and/or participating in any NWSC or member club affiliated practice or event, no individual shall:

- At any time strike, shove, threaten to strike or lay a hand upon an official, swimmer, coach or spectator.
- Engage in an abusive, verbal attack upon any official, swimmer, coach or spectator on or off the pool area.
- Use trash talk, profane, obscene or vulgar language, or gesture under any circumstances, on or off the pool area.
- Engage in an objectionable demonstration of dissent or unsportsmanlike conduct such as throwing equipment or any other forceful action.
- Refuse to abide by an officials decision

Any violation of the above policy will result in the following action at the discretion of the Home Meet Director:

First Offense – Ejection of the person(s) from the meet/event by the Meet Director

Second Offense – Suspension of the person(s) from any and all meets or events for the remainder of the current swim season

If this individual is acting in the capacity of a coach or meet official at the time of the offense then the additional sanctions will be as follows:

First Offense – Ejection of the person(s) from the meet/event by the Meet Director

Second Offense – Suspension of the person(s) from participating in an official capacity at any and all NWSC sanctioned events for the total of one full swim season (one calendar year from the date).

Third Offense – Suspension of the person(s) from participating in an official capacity at any and all NWSC sanctioned events for life.

*\*Any violation will be reported in writing to the vice president of the NWSC Executive Board either by electronic or traditional mail prior to the next NWSC sanctioned event or within 30 days of infraction if occurrence is at the last sanctioned event for the swim season.*

By signing below, I do hereby certify that I have read and agree to abide by the Northwest Swim Circuit Code of Conduct. **\*\*Additional signature lines may be added as needed**

\_\_\_\_\_  
Parent/Guardian/Coach/Official Signature/Date

\_\_\_\_\_  
Swimmer(s) Signature(s)/Date

NOTE: Payment must accompany this form. Season fees are: one swimmer: \$175; two swimmers: \$300; three swimmers: \$400; four swimmers: \$500; plus required \$7.00 Insurance fee, and applicable MUD fees of \$20.00 for out of district swimmers. Please make checks payable to **BHCST**. All returned checks are subject to a \$20 processing fee. Registrations received after the first day of practice are subject to a \$25 late fee.



1. Swimmer Information Last Name \_\_\_\_\_

Swimmers' Names	Male/Female	Birthdate	Age as of 5/1/11

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**2. Medical/Insurance information** Physician Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/other medical problems \_\_\_\_\_

**3. Release/Consent** I hereby release the officers, coaches, or sponsors of the Tidal Waves Swim Team as well as the Block House MUD from any and all claims and causes of action of any kind whatsoever which the undersigned has or might have, known or unknown, now existing or might arise in the future, directly or indirectly attributable to any injury of damage that might result from my above child's participation in the swim team.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This is to certify that my child identified above has my permission to participate in the Northwest Swim Circuit. I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis or treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatments and anesthetics as may be necessary in the diagnosis and treatment of the above minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named person.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian acknowledgement of minimum requirements of swimmer. \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Age group(s) \_\_\_\_\_

Registration fee(s) \_\_\_\_\_ MUD fee(s) \_\_\_\_\_ Ins fee(s) \_\_\_\_\_

Misc. purchases \_\_\_\_\_ Total \_\_\_\_\_ Cash/Check # \_\_\_\_\_ Rcvd \_\_\_\_\_