



Swimmer's Full Name

**Swimmer Information**

Full Name: \_\_\_\_\_ Female Male  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Swimmer's Cell #: \_\_\_\_\_ Swimmer's Home #: \_\_\_\_\_

**Parent/Guardian Contacts**

Mother/Guardian #1: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Father/Guardian #2: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Emergency Contacts (other than parent/guardian)**

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

**Medical Contacts**

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Medical Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_  
 Insured Member: \_\_\_\_\_ ID #: \_\_\_\_\_

**I agree that typed signatures on all HST registration documents represent the written signatures of those named.**

**Over-the-Counter (OTC) Medications**

Coaching staff and chaperones may administer certain types of over-the-counter medications. In order for your swimmer to receive these, the team must have parent/guardian authorization.

✓ Please check the box if your swimmer **MAY RECEIVE** the following OTC medications:

- |   |  |
|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol or generic)         | <input type="checkbox"/> Antacid (Tums or generic)                     |
| <input type="checkbox"/> Ibuprofen (Advil or generic)               | <input type="checkbox"/> Motion sickness meds (Dramamine or generic)   |
| <input type="checkbox"/> Diphenhydramine (Benadryl or generic)      | <input type="checkbox"/> Diarrhea meds (Imodium or generic)            |
| <input type="checkbox"/> Antibiotic Ointment (Neosporin or generic) | <input type="checkbox"/> Constipation meds (MiraLAX or generic)        |
| <input type="checkbox"/> Hydrocortisone                             | <input type="checkbox"/> Sunscreen (without PABA, minimum SPF 30)      |
| <input type="checkbox"/> Cold meds (NyQuil/DayQuil or generic)      | <input type="checkbox"/> Aloe Vera lotion/gel                          |
| <input type="checkbox"/> Mucus relief (Mucinex or generic)          | <input type="checkbox"/> Insect repellent (may contain up to 15% DEET) |
| <input type="checkbox"/> Non-medicated cough drops                  | ➤ _____ Weight of swimmer for dosage purposes                          |

I verify my swimmer HAS my permission to receive the over-the-counter medications that are checked above.

➤ **Parent/Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Swimmer's Full Name
---------------------

**Health History**

**Chronic or Recurring Illnesses**

- Heart Defect/Disease: \_\_\_\_\_
- Seizures: \_\_\_\_\_
- Bleeding/Clotting: \_\_\_\_\_
- Asthma: \_\_\_\_\_
- Diabetes: \_\_\_\_\_
- Other (specify): \_\_\_\_\_

Describe any restrictions concerning physical activities:

\_\_\_\_\_

\_\_\_\_\_

Please list any medications taken on a daily basis, including over-the-counter medications:

\_\_\_\_\_

\_\_\_\_\_

**Allergies**

- Foods: \_\_\_\_\_
- Insect Stings/Bites: \_\_\_\_\_
- Medications/Drugs: \_\_\_\_\_
- Other (specify): \_\_\_\_\_

**Tetanus** (Year of last booster): \_\_\_\_\_

Does your swimmer carry an:     EpiPen     Inhaler

Any other relevant health concerns:

\_\_\_\_\_

\_\_\_\_\_

Special dietary restrictions:

\_\_\_\_\_

\_\_\_\_\_

**Medical/Dental Treatment Authorization**

I declare that I am the parent or legal guardian of (swimmer's name) \_\_\_\_\_, born (birth date) \_\_\_\_\_. I verify that this health history is complete and accurate. My child has permission to engage in all prescribed activities, except as noted above. In case of illness or injury, I hereby authorize the coach or other Hillsboro Swim Team representative to secure necessary treatment for my child. I give permission for my child to receive first aid and/or to receive emergency treatment from a licensed physician, emergency medical services or other health care professional, including but not limited to our listed physician and dentist. I further acknowledge that I will be responsible for any costs associated with my child's medical/dental treatment.

If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone numbers. In case I cannot be reached, or in case of emergency, medical/dental treatment as described above may proceed without further authorization. This authorization is good for ONE YEAR from date signed below.

➤ **Parent/Guardian's signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Concussion Information** (for parents of athletes under 18)

I verify that I have received the Department of Health and Human Services' fact sheets for parents and athletes about concussions in youth sports, and I have reviewed them with my swimmer. (This information can also be found on the team's website under Team Resources> Registration> Required Forms> Supplemental Information.)

➤ **Parent/Guardian's signature:** \_\_\_\_\_ Date: \_\_\_\_\_



# Hillsboro Swim Team

2022-2023 Athlete/Parent Code of Conduct and MAAPP Agreement

Swimmer's Full Name

The following code of conduct is designed to help ensure a safe and quality experience for everyone and conditions which are conducive to achieving exceptional performances. Signatures by both athlete and parent/guardian on this document constitute unconditional agreement to comply with the following stipulations. Anyone who acts in a manner that interferes with these objectives will be subject to disciplinary action, as detailed in the team handbook.

### CODE of CONDUCT for HEAT ATHLETES and PARENTS

*Athletes will:*

- A. Be considerate, respectful and supportive of teammates.
- B. Be respectful of the coaches and their decisions.
- C. Be respectful and courteous to parents, pool facility staff and patrons, other competitors and their coaches.
- D. Be respectful of other athletes' property, HEAT property and SHARC property, and not engage in any vandalism or theft.
- E. Maintain a high standard of behavior at all team activities. A swimmer is not only representing themselves, but HEAT Swimming.
- F. Avoid inappropriate language or actions when using social media outlets or participating in virtual communication. A swimmer is not only representing themselves, but HEAT Swimming. Remember that social media posts may feel temporary but often have lasting ramifications.
- G. Avoid inappropriate physical contact or unruly behavior, including (but not limited to) fighting or striking another athlete.
- H. Avoid participating in bullying or isolating another swimmer.
- I. Refrain from smoking, drinking or using any controlled or illegal substances.
- J. Follow the expected communication guidelines, as outlined in the team handbook.

*Parents will:*

- A. Display proper respect and sportsmanship toward coaches, officials, board members, administrators, swimmers, other parents, and the public.
- B. Work in support of the team mission statement toward all swimmers, promoting "long-term athlete development as well as the growth of character and sportsmanship."
- C. Participate on the team within your role, and not interfere with others as they perform their role: Swimmers swim, coaches coach, officials officiate and parents parent.
- D. Remain in spectator areas during practices and meets.
- E. Follow the expected communication guidelines, as outlined in the team handbook.

I have read the HEAT Code of Conduct, and agree to abide by the terms set forth above. I understand violations will be handled as detailed in the team handbook.

➤ **Athlete's signature:** \_\_\_\_\_ Date: \_\_\_\_\_

I have read the HEAT Code of Conduct, and agree to abide by the terms set forth above. I understand violations will be handled as detailed in the team handbook.

➤ **Parent/Guardian's signature:** \_\_\_\_\_ Date: \_\_\_\_\_

### Minor Athlete Abuse Prevention Policy (MAAPP), by USA Swimming

I verify that I have reviewed and agree to the Minor Athlete Abuse Prevention Policy (MAAPP), by USA Swimming.

➤ **Athlete's signature:** \_\_\_\_\_ Date: \_\_\_\_\_

I verify that I have reviewed and agree to the Minor Athlete Abuse Prevention Policy (MAAPP), by USA Swimming.

➤ **Parent/Guardian's signature:** \_\_\_\_\_ Date: \_\_\_\_\_



**LIABILITY RELEASE AND INDEMNIFICATION FORM**

I, the undersigned participant and parent, request voluntary participation for minor to participate in all events, which are hereinafter referred to as the "activities." sponsored by Hillsboro Swim Team Club, USA Swimming and its local swimming committees. This agreement is valid while the participant is a member of USA Swimming.

I consent to my/minor's participation in the activities and acknowledge that the minor and I fully understand my/minor's participation may involve risk of serious injury or death, including losses which may result not only from my/minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before any activities begins.

**Release – Minor's Rights:**

In consideration of allowing Minor Participant to participate in the activities, I hereby release and hold harmless Hillsboro Swim Team Club, USA Swimming and its local swimming committee and their members of its board of directors, officers, employees, volunteers, other participants, and agents (collectively, the "Released Parties"), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her participating in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
(Print name of minor)

\_\_\_\_\_  
(Signature of minor)

\_\_\_\_\_  
(Date)

**Release – Parents'/Guardians' Rights:**

In consideration of allowing Minor Participant to participate in this USA Swimming event, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant's participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that my/minor is in good health and have no physical condition that would prevent participation in this activity. Furthermore, I agree to use my/minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

\_\_\_\_\_  
(Print name of Parent/Guardian)

\_\_\_\_\_  
(Signature of parent)

\_\_\_\_\_  
(Date)

**Indemnification by Parent/Guardian:**

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant's participation in the activities. The undersigned also agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasee and is intended to be as broad and inclusive as is permitted by the laws of the State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
(Print name of Parent/Guardian)

\_\_\_\_\_  
(Signature of parent)

\_\_\_\_\_  
(Date)



# Hillsboro Swim Team

2022-2023 Team Travel Code of Conduct

---

---

All HEAT team travel participants are expected to comply with the Team Travel Code of Conduct below, in addition to the HEAT Athlete/Parent Code of Conduct, USA Swimming's Minor Athlete Abuse Prevention Policy, and the Team Travel Policies included in the team handbook. A typed or written signature on this document constitutes unconditional agreement to comply with the stipulations of the aforementioned documents. Anyone who acts in a manner that interferes with these objectives will be subject to disciplinary action, as detailed in the team handbook.

## HEAT TEAM TRAVEL CODE of CONDUCT

*Team Travel Participants will:*

- A. Remember that on travel trips, the HEAT is a team. The needs and well-being of the team come first; less-important, individual needs come second.
- B. Realize that the reputation of HEAT Swimming is dependent on the behavior of each team member. Behavior must positively reflect the high standards of our club, Oregon Swimming and USA Swimming.
- C. Display proper respect and sportsmanship toward coaches, chaperones, officials, administrators, teammates, fellow competitors and the public, at all times.
- D. Be courteous and respectful to their roommates and others at the hotel.
- E. Leave the pool deck, hotel rooms, vehicles and other team areas undamaged and free of trash and belongings.
- F. Refrain from any illegal or inappropriate behavior that would detract from a positive image of the team or be detrimental to its performance objectives.
- G. Attend all team functions including meetings, practices, meals, meet sessions, etc. unless otherwise excused or instructed by the head coach or his/her designee.
- H. Understand that the directions and decisions of coaches and chaperones are final.

I have read the HEAT Team Travel Code of Conduct and agree to abide by the terms set forth above. I understand there will be consequences for violations as detailed in the team handbook.

I agree that my typed signature below represents my written signature.

Athlete's First and Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's First and Last Name: \_\_\_\_\_ Date: \_\_\_\_\_