

# Team Policy Guide Acknowledgment [v4]

As a member of the East Coast C-Cerpants Swim Team you are responsible for the review of the policies contained in the ECCC Team Policy Guide. We ask parents to review policies with their swimmers to ensure understanding. The policy in this guide serves as behavior guidelines that the East Coast C-Cerpants expect all members to demonstrate and uphold (both family and swimmer). These guidelines are in addition to those observed and adopted through your membership with USA Swimming.

Signature below serves as an acknowledgment for receipt of the ECCC Team Policy Guide (Version 4/August 30, 2021). A signature on this team policy guide constitutes unconditional agreement & acceptance to comply with the stipulations of these policies contained within. ECCC asks for acknowledgment by each swimmer registered in the program, as well as their parents/legal guardians.

Swimmer	Date
Parent/Guardian	Date
Parent/Guardian	Date

**Swimmer(s) will not be permitted to practice or compete without this completed form on file.**

## **ECCC OPERATING POLICY DURING COVID-19 PANDEMIC**

### **Policy for All Operating Facilities**

ECCC has taken into account expert recommendations provided by the Aquatics Coalition, USA Swimming, the CDC, and NJ Department of Health as well as COVID-19 facility guidelines in preparing these standards. We take the health and safety of our community and swimmers seriously. As such we have put together these guidelines to try and mitigate the risks posed by the COVID-19 Pandemic.

Social distancing, limiting contact with surface areas outside of the pool, and minimizing interpersonal contact outside of the pool are the best measures we have available to mitigate infection risks.

ECCC expects all members, coaches, staff, and swim families to follow standards for operational safety as they are published. As the pandemic changes, if a modification to our operating procedures needs to be adapted, appropriate communications will be made. We appreciate everyone doing their part to make ECCC's practice environment as safe as possible.

#### **WHO WILL ATTEND PRACTICE SESSIONS:**

- Only participating athletes and licensed ECCC swim coaches will be admitted to the pool practice facility.
  - Parents, siblings, and additional members are asked to remain in the parking lot.
- Please plan to arrive just prior to practice start time (5 to 10 minutes) to maximize social distancing. Always refer to the published schedule for your specific practice location.

#### **HEALTH CHECKS / CONTACT TRACING MEASURES:**

- There is no penalty for missing practice. **If an athlete or anyone with whom they reside, meets any of the following criteria they should stay home.**
  - Are exhibiting any symptoms of the coronavirus mild to severe respiratory illness, cough, difficulty breathing, fever, and any other symptoms as identified by the CDC
  - Have been in contact with someone who has tested positive for COVID-19 in the last 14 days.
  - Meet criteria outlined in NJ's 14-day quarantine travel advisory. This applies to travel from certain states identified as those that have a positive COVID-19 test rate higher than 10 per 100,000 residents.
- Athletes must see a physician and be cleared for training after being diagnosed or suspected to have COVID-19.
- Coaches will keep an active electronic attendance record for each practice session which includes athletes and coach members in attendance.
- There is a mandatory contactless fever check at the entrance for all athletes and ECCC coaching members that will be on deck. Anyone presenting with fever will not be admitted to a practice session. (Fever guidelines followed will be those set by the CDC, currently 100.4 degrees or higher.)
- All participating members on the pool deck will be asked to wear a face mask when not in the water.

## FACILITY

- Outside of the physical pool being used to facilitate practice, nothing else in practice facility locations should be used or touched by any ECCC participating members. This measure is to support the safety and maintenance of disinfected surfaces required to be maintained by open facilities.
  - This includes but is not limited to drinking fountains, showers, any pool equipment that may be left in the open, diving boards/blocks, slides, locker rooms, snack stations, changing areas, tables, and chairs throughout the facility.
- 6-foot social distancing should be maintained throughout the facility and practice sessions, at all times.
- Face masks are to be worn at all times any team members are out of the water.
- For safety reasons, we ask everyone to avoid touching gates, fences, rails, benches, doors, etc. if you can.
- Please use hand sanitizer if you must touch any surfaces.
- Staff and swimmers must follow directional signage in the facility for the direct flow of traffic.
- Staff and swimmers must follow spacing diagrams for line up and pool deck usage during practice sessions.
- Only designated areas in each location should be used for gear placement during practice.

## HOW SHOULD I PREPARE FOR PRACTICE:

- Everyone is asked to wear a face mask outside of the pool. Please arrive at the pool wearing your facemask.
- Wash your hands (20 seconds or longer) or use hand sanitizer before going into the pool.
- Each swimmer is asked to come ready to swim in a bathing suit. THERE IS NO CHANGING INTO SUITS PRIOR TO PRACTICE AT THE FACILITIES. We are asking for minimal warm-ups or coverings and gear at practice to mitigate surface contact risks in the facility.
- Swimmers are expected to place their shoes, warm-ups, coats along with any items in their swim bags on deck during practice. No other items outside of swim equipment should be brought into the facility. There is NO SHARING OF ANY EQUIPMENT. Personal bags should be stowed with social distance in mind from other member's items.
  - **Medford:** All items a swimmer brings but be put inside their swim bag (shoes included). All swim bags are to be stored in the labeled and assigned locations on the pool deck that corresponds with the swimmer's lane assignment.
  - **Ocean City:** All items a swimmer brings but be put inside their swim bag (shoes included). All swim bags are to be stored on the section of the bleachers that corresponds with the swimmer's lane assignment.
- Please do not bring any food or beverages into the facility, outside of the water bottle needed for practice.
- Each swimmer should have a gear bag that contains:
  - Water bottle
  - Kickboard
  - Swim fins
  - Hand paddles
  - Pull buoy
  - Waterproof sealable bag (ziplock) for:
    - Face mask

- Keys
- Asthma inhalers
- Hand sanitizer
- Any other pertinent items needed for practice

**AFTER SWIMMING**

- We ask that upon exiting the pool everyone collects their possessions and puts on their facemasks.
- Please, no congregation after swimming. We ask that everyone leave the facility as soon as possible after practice.
- Do not use the locker room or changing areas. Please shower and change at home.
- Please use hand sanitizer after leaving the pool.

**ACKNOWLEDGMENT:**

Signature/acknowledgment (electronic or written) serves as acknowledgment for receipt of this ECCC policy. An electronic signature/acknowledgment on this team policy constitutes unconditional agreement & acceptance to comply with the stipulations of these policies contained within by each swimmer registered in the program, as well as their parents/legal guardians. Due to concerns surrounding the health and safety of our community and swim family, any swimmer(s) unable to comply with the policy will be asked to exit the program.

Swimmer	Date
Parent/Guardian	Date
Parent/Guardian	Date

# Minor Athlete Abuse Prevention Policy 2.0

## [MAAPP 2.0] Acknowledgment

As a member of the East Coast C-Cerpants Swim Team and USA Swimming, you are responsible for the review of the policies contained in the Minor Athlete Abuse Prevention Policy (“MAAPP”) 2.0. We ask parents to review policies with their swimmers to ensure understanding. The policy in this guide serves as behavior guidelines that the East Coast C-Cerpants expect all members to demonstrate and uphold (both family and swimmer).

The signature below serves as an acknowledgment that I have received, read, and understood the ECCC Minor Athlete Abuse Prevention Policy (Version 2.0/August 30, 2021) and/or that the Policy has been explained to me or my family. I further acknowledge and understand that agreeing to comply with the contents of this MAAPP 2.0 is a condition of my membership with the East Coast C-Cerpants Swim Team and USA Swimming.

A signature on this team policy guide constitutes unconditional agreement & acceptance to comply with the stipulations of the policies contained within. ECCC asks for acknowledgement by each swimmer registered in the program, as well as their parents/legal guardians.

Swimmer	Date
Parent/Guardian	Date
Parent/Guardian	Date

# Acknowledgment of Receipt - Concussion Information

Pursuant to your state law, a concussion and head injury information sheet shall be given by each youth sports organization offering an athletic program to each athlete in that program. The information sheet shall be signed and returned by the athlete and, if the athlete is 17 years of age or younger, shall also be signed by the athlete's parent or guardian before the athlete initiates practice or competition. The USA Swimming Concussion Information Sheet (three pages) is provided with this acknowledgment.

Please note, the information contained in the Swimming Concussion Information Sheet and this Acknowledgment is not medical advice and is no substitute for it. I hereby acknowledge that I have received the USA Swimming Concussion Information Sheet (three pages) from the East Coast C-Cerpants (USA Swimming Team).

I have read and understand its contents. I also acknowledge that if I have any questions regarding the signs or symptoms of a concussion or other head injuries, the need to seek medical attention and the protocol for returning to daily activities, school and the swimming pool, I will consult with a licensed health care provider. (This signed acknowledgment may be returned through an electronic medium, including but not limited to, fax or electronic mail.)

Swimmer (Athlete's Name & Signature)	Date
Swimmer (Athlete's Name & Signature)	Date
Swimmer (Athlete's Name & Signature)	Date
Swimmer (Athlete's Name & Signature)	Date
Parent/Guardian (Name & Signature)	Date
Parent/Guardian (Name & Signature)	Date

# Kennedy Fitness COVID-19 Notice

Kennedy Fitness: A Jefferson Health Affiliate is committed to reducing the spread of COVID-19 in our community, however, we can't do it alone.

At all times, the health and safety of our members, patrons, and staff are our top priority but especially during an active pandemic. That's why we are creating an agreement that outlines our latest commitments to certain safety precautions and require anyone using facilities or services provided by Kennedy Fitness to pledge:

## **I WILL NOT COME TO THE GYM IF IN THE 14 DAYS PRIOR TO MY VISIT:**

1. Any of the current CDC Symptoms of COVID-19 including:
  - a. Cough
  - b. Shortness of breath or difficulty breathing
  - c. Fever
  - d. ChillsMuscle pain
  - e. Sore throat
  - f. New loss of taste or smell
2. I have had prolonged exposure with someone confirmed positive for COVID-19.
3. Lived with someone who has had prolonged exposure to a confirmed positive case of COVID-19.

## **WHILE IN THE GYM, I AGREE:**

1. To wear a mask inside the building at all times.
2. To have my temperature taken by a contactless reader.
3. To maintain a social distance of 6 feet or more at all times and avoid unnecessary physical contact with others.
4. To clean my equipment before and after use.
5. Per the CDC Guidelines, if you develop symptoms of COVID-19 up to 14 days following your visit to the gym we request you notify us immediately, so we can take necessary precautions to protect ourselves, other patrons and our families.

Masks and temperature readings are not forever, but they are required by state mandate until further notice. Thank you for doing your part as we work together to keep our community safe for all!

Signature on this form applies to all swimmers and family members listed within the Kennedy Fitness Guest/Employee Registration/Waiver.

**Family Name:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



# Guest/Employee Registration/Waiver

Date \_\_\_\_\_ Guest/employee of **EAST COAST C-CERPANTS**  
Member's Name \_\_\_\_\_ Member Number \_\_\_\_\_

Name of Guest/employee \_\_\_\_\_ Birthdate \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email address \_\_\_\_\_

## WAIVER/RELEASE OF LIABILITY

Because physical exercise can be strenuous and can subject a guest/employee to risk of serious injury, Kennedy Fitness urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. Guest/employee acknowledges and agrees that if he/she engages in any physical exercise or activity, or uses any club amenity on the premises, or off premises (including any sponsored club event), or utilizes any part of the club facility, the guest/employee does so entirely at his/her own risk. Any recommendations for changes in diet, including the use of food supplements, weight reduction and or body building enhancement products are entirely your responsibility and guest/employee should consult a physician prior to undergoing any dietary or food supplement changes. Guest/employee agrees that if he/she is not knowledgeable in the proper use of any of the club's equipment or facilities, guest/employee will request and obtain proper instruction from a qualified employee prior to using such equipment or facility. Guest/employee agrees that he/she is voluntarily participating in these activities and that all exercise and use of all equipment, the facilities and premises are at the sole risk of guest/employee and guest/employee assumes all risks of injury, illness, or death. Guest/employee assumes all risks of injury, illness or death. Guest/employee hereby releases Kennedy Fitness, its owners, shareholders, directors, officers, employees, representatives, agents and lessees from, and covenants not to sue for, any and all present and future claims resulting from guest/employee's use of the facilities, amenities, services and equipment of the club. This waiver and release of liability includes, but is not limited to, all injuries, loss or damage which may occur as a result of, (a) guest/employee's use of all amenities and equipment in the facility or on the property, and guest/employees' participation in any activity, class, program, personal training session or instruction, (b) the sudden and unforeseen malfunctioning of any equipment, (c) our instruction, training, supervision, or dietary recommendations, and (d) guest/employee's slipping and/or falling while in the club, or on the club premises, including in/on locker rooms, restrooms and adjacent sidewalks and parking areas. Guest/employee acknowledges that he/she has carefully read the waiver and release set forth in these paragraphs and fully understands that it is a release of liability. Guest/employee expressly agrees to release and discharge Kennedy Fitness and all affiliates, employees, agents, representatives, successors, or assigns, from any and all claims or causes of action and agrees to voluntarily give up or waive any right that guest/employee may otherwise have to bring a legal action against the club for personal injury or property damage. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Kennedy Fitness, its agents, and employees. If any portion of this release from liability shall be deemed by a Court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect and the offending provision or provisions severed here from. By signing this contract, which includes this release, I acknowledge that I understand its contents and that this release cannot be modified orally. Guest/employee agrees that any disputes or claims arising out of this Agreement shall be settled by arbitration in the Twps of Berlin, Cherry Hill, Harrison, Medford or Mt. Laurel, all in NJ, or the City of Turnersville, NJ in accordance with the rules and regulations of the American Arbitration Association or its successor organization utilizing the laws of the State of New Jersey. A judgment on any award rendered by the arbitrator or arbitrators may be entered in any court having jurisdiction and shall be final and binding on the parties. Each party shall bear its own expense in connection with the arbitration and shall share equally the administrative fees and incidental expenses imposed by the American Arbitration Association in conducting the arbitration to its conclusion. Guest/employee hereby expressly waives and relinquishes all rights to a trial by jury and punitive and exemplary damages for any such claim or dispute.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## KENNEDY FITNESS GUEST/EMPLOYEES RULES AND REGULATIONS

As a guest/employee of Kennedy Fitness, I understand and will strictly adhere to the following rules and regulations of Kennedy Fitness.

- o Water only is permitted on the exercise floor. No food, gum or drinks may be consumed anywhere other than in the juice bar or lobby. Gym bags are not permitted on the exercise floor.
- o Adequate-sized towels must be placed on all equipment. Guest/employees must provide their own towel. Towels are for sale at the front desk of each club.
- o No loud or inappropriate noise or behavior in the club.
- o All weights must be re-racked and returned to their proper place. Please do not drop weights.
- o Guest/employees are not permitted to conduct personal training sessions for other patrons or instruct any person in the facility.
- o Dress Code - Clean: T-shirts, sweat shirts, sweat pants, exercise leotards, athletic shorts, and sneakers. No belt buckles, riveted attire (ie., jeans), work clothes or work boots permitted. Bare feet, sandals, moccasins, flip-flops or any open-toed or toes shoes (ie., Vibrams) are prohibited (unless in the pool area only).
- o Showering is mandatory before entering the swimming pool.
- o Individuals wishing to take pictures or use video in or on Kennedy Fitness premises MUST have written prior approval from management staff. Guest/employees involved in individual workouts such as weight lifting, aerobic dance, swimming, cardiovascular exercise and / or climbing cannot be photographed unless their written consent has been given and the written permission of Kennedy Fitness management has been granted. There is a Kennedy Fitness model release form for these instances. Violations of these rules related to the production of video or photograph that is non-consensual may result in discontinuance of privileges in ALL Kennedy Fitness facilities. Kennedy Fitness reserves the right to have the recordings / photographs made in our facility removed from all viewing formats.
- o If you wish to use the lockers, please bring your own lock. Remember – lockers are for daily use only. Kennedy Fitness is not responsible for any lost or stolen property of guest/employees, employees, or any invitees.
- o Spin bikes may be reserved by signing the spin class attendance log at the front desk up to 30 minutes prior to class commencement.
- o Headsets must be used on all small TVs and personal stereos at all times.
- o No solicitation or promotion of any sort is permitted on Kennedy Fitness property.
- o Daycare has a two-hour maximum. Parents must remain on the premises at all times.
- o Guest/employees must refrain from profanity and rude, inconsiderate, inappropriate, disrespectful, or aggressive conduct directed towards employees, members or visitors of Kennedy Fitness at all times whether inside the clubs or outside on Kennedy Fitness property. Guest/employees may not interfere with the conducting of business at Kennedy Fitness.
- o Kennedy Fitness' hours of operation are: **Monday thru Friday 5:00 AM -11:00 PM**  
**Saturday 7:00 AM - 8:00 PM**  
**Sunday 8:00 AM - 6:00 PM**
- o Regular Daycare hours are: **Monday thru Friday 8:30 AM – 12:00 PM**  
**Monday thru Thursday 5:00 PM – 8:00 PM**  
**Saturday 9:00AM-12:00PM**
- o Pass to facility includes free class only and excludes sessions from professionals, ie. Nurses, personal trainers, Pilates reformer, TRX, XM, swim, etc.

---

Printed name

Signature

Date



# KENNEDY FITNESS

A Jefferson Health Affiliate

Additional guests/swimmers that are associated with the primary swimmer noted on the main page should be listed in this section. Anyone that enters the facility to watch, drop off, or pick up a swimmer at any point should be listed here. No one should be in the gym without a completed waiver. Thank you!

-----

Name of Guest/employee \_\_\_\_\_ Birthdate \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_

-----  
Name of Guest/employee \_\_\_\_\_ Birthdate \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_

-----  
Name of Guest/employee \_\_\_\_\_ Birthdate \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_

-----  
Name of Guest/employee \_\_\_\_\_ Birthdate \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_

-----  
Name of Guest/employee \_\_\_\_\_ Birthdate \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_

-----  
Name of Guest/employee \_\_\_\_\_ Birthdate \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_

-----

Name of Guest/employee \_\_\_\_\_ Birthdate \_\_\_\_\_  
Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_