

# ANNUAL INFORMATION PACKET

Read the appropriate sections of the Team Handbook, discuss the policies/procedures with your swimmer, and initial below that you have read, understand, and agree to the information included. Please return this page, the limitation of liability/photo release form, and the medical clearance form to your coach by: **September 21, 2017**. ***(For swimmers joining the team mid-season please return completed forms within one week of your first practice.)***

Swimmer Initials Parent/Guardian Initials

Communication and

Conflict Resolution Policy (pg. 6) \_\_\_\_\_ \_\_\_\_\_

Code of Conduct (pg. 7) \_\_\_\_\_ \_\_\_\_\_

Bullying Policy (pg. 7) \_\_\_\_\_ \_\_\_\_\_

Electronic Media and

Social Media Policy (pg. 8) \_\_\_\_\_ \_\_\_\_\_

Volunteer Policy (pg. 10) \_\_\_\_\_ \_\_\_\_\_

Fundraising Policy (pg. 12) \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_\_ I will participate in spring fundraising

\_\_\_\_\_\_ I will not participate in spring fundraising and will pay the monthly opt out

(**Swim-a-thon is not optional**).

Fees/Travel Fees (pg. 13) \_\_\_\_\_ \_\_\_\_\_

Medical Clearance Form \_\_\_\_\_ \_\_\_\_\_

(Signature of swimmer) (Signature of parent/guardian)

Name of swimmer (please print) Name of parent/guardian (please print)

# Limitation of Liability and Photo/Video Release

I (we) hereby give my (our) consent for the above-named child to be taken under the care, custody, control and supervision of the Lawrence Aquahawks Swimming, Inc. coaches and/or any additional agents, officials or sponsors associated with the Lawrence Aquahawks Swimming, Inc. in conjunction with all practices, workouts, meets, travel, or other activities in conjunction with Aquahawks events. In consideration of my (our) child’s participation, I (we) do hereby release and hold harmless Lawrence Aquahawks Swimming, Inc. and its employees, officers, directors, and agents for any suit or claim for damages which may arise affecting my (our) child while under the control, care and/or supervision of the above-listed individuals, directly or indirectly causing any injuries to my (our) child (save grossly negligent behavior). This release of liability and hold harmless agreement is essential to the participation of my (our) child in such activities and, it is understood that if this agreement is not signed that my (our) child shall not participate in the activities above described.

I also grant to Lawrence Aquahawks Swimming, Inc. my permission to use my minor child’s likeness in photograph(s)/video for advertising, promotion and publicity purposes, with or without identification of me or my minor child by name, in perpetuity. I will make no monetary or other claim against Lawrence Aquahawks Swimming, Inc. for the above-stated uses(s), if any, of the photographs(s)/video.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian Date signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent/guardian (please print)

Name of swimmer (please print)

**Lawrence Aquahawks Medical Clearance Form**

**Please fill out the top half of this page and sign below (must be signed by a parent or guardian) if your child has no restrictions. In addition, the form only needs to be signed by a physician if your child has medication or conditions that coaches need to monitor while your child is in the care of a coach or chaperone.**

|  |  |  |
| --- | --- | --- |
| Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Date: \_\_\_/\_\_\_/\_\_\_\_\_ |
| Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Age: \_\_\_\_\_\_ |  | Grade: \_\_\_\_\_ |

This Athlete is:

\_\_\_\_\_\_\_ Cleared without restriction

\_\_\_\_\_\_\_ Cleared, **with restrictions**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ **NOT** cleared

**Reason**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Relevant Medical Information:**  **Allergies**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EpiPen Necessary: \_\_\_ Yes \_\_\_ No  **Asthma**:  \_\_\_ Yes \_\_\_ No Emergency Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Diabetes**:  \_\_\_ Yes \_\_\_No Emergency Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Seizure Disorder**:  \_\_\_ Yes \_\_\_ No Emergency Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Name of Physician/Practitioner (print/type): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ | Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature of Physician/Practitioner : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Exam Date: \_\_\_/\_\_\_/\_\_\_\_\_\_ |
| Signature of Parent/Guardian : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_/\_\_\_/\_\_\_\_\_\_ |

##### Medication Release Form

If your child requires the administration of medication while involved in Lawrence Aquahawk events/activities, please complete the following information (including the prescribing doctor’s signature). This includes over-the-counter medications, homeopathic, etc.

\*\*\* It is the responsibility of the parent/guardian to update the swimmer’s medical information as needed.

Swimmer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ My swimmer is not taking any medications at this time.

|  |  |
| --- | --- |
| Medication: |  |
| Dosage: |  |
| Start Date: |  |
| End Date: |  |
| Condition being treated: |  |
| Contra-Indications: |  |
| Miscellaneous: |  |

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescribing Doctor’s Signature

Printed Name: Phone Number:

Address: City: State:

|  |  |
| --- | --- |
| Medication: |  |
| Dosage: |  |
| Start Date: |  |
| End Date: |  |
| Condition being treated: |  |
| Contra-Indications: |  |
| Miscellaneous: |  |

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescribing Doctor’s Signature

Printed Name: Phone Number:

Address: City: State:

## X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Printed Name:

Attach additional pages as necessary.