



## ANNUAL INFORMATION PACKET

**Read the appropriate sections of the Team Handbook, discuss and agree with our policies and procedures with your swimmer, and initial below that you have read, understand, and agree to the information included. Our team handbook is found on our website and the MAAPP policy is enclosed.** *Please return this page, MAAPP policy, the limitation of liability/photo release form, and the medical clearance form to your coach within two weeks of your first practice.* If the packet is not turned in by the deadline it is still assumed that the members understand all policies/procedures and will be responsible for fundraising.

Swimmer Initials

Parent/Guardian Initials

Communication and Conflict Resolution Policy (pg. 7)      \_\_\_\_\_      \_\_\_\_\_

Code of Conduct (pg.8 )      \_\_\_\_\_      \_\_\_\_\_

Bullying Policy (pg. 8)      \_\_\_\_\_      \_\_\_\_\_

Electronic Media and Social Media Policy (pg.9-10 )      \_\_\_\_\_      \_\_\_\_\_

Volunteer Policy (pg. 11 )      \_\_\_\_\_      \_\_\_\_\_

Fundraising Policy (pg.13)      \_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_ 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 14-15)      \_\_\_\_\_      \_\_\_\_\_

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

\_\_\_\_\_  
(Signature of swimmer)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
Name of swimmer (please print)

\_\_\_\_\_  
Name of parent/guardian (please print)



I acknowledge that I have received, read and understood the Minor Athlete Abuse Prevention Policy (MAAPP) 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 Policy is a condition of my membership with the Lawrence Aquahawks.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **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 to 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 photograph(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.



# **Minor Athlete Abuse Prevention Policy**

Lawrence Aquahawks Swimming  
**June 23, 2019**



#### **THIS POLICY APPLIES TO:**

- All USA Swimming non-athlete members and adult athlete members;
- Participating non-members (e.g., meet marshals, meet computer operators, timers, etc.);
- LSC and club adult staff and board members; and
- Any other adult authorized to have regular contact with or authority over minor athletes.

#### **GENERAL REQUIREMENT**

USA Swimming member clubs and LSCs are required to implement this Minor Athlete Abuse Prevention Policy in full. The Minor Athlete Abuse Prevention Policy must be reviewed and agreed to in writing by all athletes, parents, coaches and other non-athlete members of member clubs on an annual basis with such written agreement to be retained by the club.

#### **ONE-ON-ONE INTERACTIONS**

##### **I. Observable and Interruptible**

One-on-one interactions between a minor athlete and an Applicable Adult (who is not the minor's legal guardian) must occur at an observable and interruptible distance from another adult unless meeting with a Mental Health Care Professional and/or Health Care Provider (see below) or under emergency circumstances.

##### **II. Meetings**

- a. Meetings between a minor athlete and an Applicable Adult may only occur if another adult is present and where interactions can be easily observed and at an interruptible distance from another adult, except under emergency circumstances.
- b. If a one-on-one meeting takes place, the door to the room must remain unlocked and open. If available, it must occur in a room that has windows, with the windows, blinds, and/or curtains remaining open during the meeting.
- c. Meetings must not be conducted in an Applicable Adult or athlete's hotel room or other overnight lodging location during team travel.

##### **III. Meetings with Mental Health Care Professionals and/or Health Care Providers**

If a Mental Health Care Professional and/or Health Care Provider meets with a minor athlete in conjunction with participation, including at practice or competition sites, a closed-door meeting may be permitted to protect patient privacy provided that:

- a. The door remains unlocked;
- b. Another adult is present at the facility;
- c. The other adult is advised that a closed-door meeting is occurring; and
- d. Written legal guardian consent is obtained in advance by the Mental Health Care Professional and/or Health Care Provider, with a copy provided to the Lawrence Aquahawks

##### **IV. Individual Training Sessions [Recommended]**

Individual training sessions outside of the regular course of training and practice between Applicable Adults and minor athletes are permitted if the training session is observable and interruptible by another adult. Legal guardians must be allowed to observe the training session.

#### **SOCIAL MEDIA AND ELECTRONIC COMMUNICATIONS**

##### **I. Content**

All electronic communication from Applicable Adults to minor athletes must be professional in nature.

##### **II. Open and Transparent**

Absent emergency circumstances, if an Applicable Adult with authority over minor athletes needs to communicate directly with a minor athlete via electronic communications (including social media), the minor athlete's legal guardian must be copied. If a minor athlete communicates to the Applicable Adult (with authority over the minor athlete) privately first, said Applicable Adult must



copy the minor athlete's legal guardian on any electronic communication response to the minor athlete.

When an Applicable Adult with authority over minor athletes communicates electronically to the entire team, said Applicable Adult must copy another adult.

III. Requests to Discontinue

Legal guardians may request in writing that their minor athlete not be contacted through any form of electronic communication by Lawrence Aquahawks, LSC or by an Applicable Adult subject to this Policy. The organization must abide by any such request that the minor athlete not be contacted via electronic communication, or included in any social media post, absent emergency circumstances.

IV. Hours

Electronic communications must only be sent between the hours of 8:00 a.m. and 8:00 p.m., unless emergency circumstances exist, or during competition travel.

V. Prohibited Electronic Communication

Applicable Adults with authority over minor athletes are not permitted to maintain private social media connections with unrelated minor athletes and such Applicable Adults are not permitted to accept new personal page requests on social media platforms from minor athletes, unless the Applicable Adult has a fan page, or the contact is deemed as celebrity contact as opposed to regular contact. Existing social media connections with minor athletes must be discontinued. Minor athletes may "friend" Lawrence Aquahawks and/or LSC's official page.

Applicable Adults with authority over minor athletes must not send private, instant or direct messages to a minor athlete through social media platforms.

**TRAVEL**

I. Local Travel

Local travel consists of travel to training, practice and competition that occurs locally and does not include coordinated overnight stay(s).

Applicable Adults must not ride in a vehicle alone with an unrelated minor athlete, absent emergency circumstances, and must always have at least two minor athletes or another adult in the vehicle, unless otherwise agreed to in writing by the minor athlete's legal guardian.

[Recommended] Legal guardians must pick up their minor athlete first and drop off their minor athlete last in any shared or carpool travel arrangement.

II. Team Travel

Team travel is travel to a competition or other team activity that the organization plans and supervises.

- a. During team travel, when doing room checks two-deep leadership (two Applicable Adults should be present) and observable and interruptible environments must be maintained.

When only one Applicable Adult and one minor athlete travel to a competition, the minor athlete's legal guardian must provide written permission in advance and for each competition for the minor athlete to travel alone with said Applicable Adult.

Team Managers and Chaperones who travel with Lawrence Aquahawks or LSC must be USA Swimming members in good standing.

- b. Unrelated Applicable Adults must not share a hotel room, other sleeping arrangement or overnight lodging location with a minor athlete.



Minor athletes should be paired to share hotel rooms or other sleeping arrangements with other minor athletes of the same gender and of similar age.

- c. Meetings during team travel must be conducted consistent with the One-on-One Interactions section of this Policy (i.e., any such meeting must be observable and interruptible). Meetings must not be conducted in an individual's hotel room or other overnight sleeping location.

#### **LOCKER ROOMS AND CHANGING AREAS**

##### **I. Requirement to Use Locker Room or Changing Area**

The designated locker room or changing area must be used when an athlete or Applicable Adult changes, in whole or in part, into or out of a swimsuit when wearing just one suit (e.g., deck changing is prohibited).

##### **II. Use of Recording Devices**

Use of any device's (including a cell phone's) recording capabilities, including voice recording, still cameras and video cameras in locker rooms, changing areas, or similar spaces by a minor athlete or an Applicable Adult is prohibited.

##### **III. Undress**

An unrelated Applicable Adult must not expose his or her breasts, buttocks, groin or genitals to a minor athlete under any circumstance. An unrelated Applicable Adult must not request an unrelated minor athlete to expose the minor athlete's breasts, buttocks, groin or genitals to the unrelated Applicable Adult under any circumstance.

##### **IV. One-on-One Interactions**

Except for athletes on the same team or athletes attending the same competition, at no time are unrelated Applicable Adults permitted to be alone with a minor athlete in a locker room or changing area, except under emergency circumstances. If the organization is using a facility that only has a single locker room or changing area, separate times for use by Applicable Adults must be designated.

##### **V. Monitoring**

Lawrence Aquahawks must regularly and randomly monitor the use of locker rooms and changing areas to ensure compliance with this Policy. Locker rooms and changing areas may be monitored by use of the following methods:

- a. Conducting a sweep of the locker room or changing area before athletes arrive;
- b. Posting staff directly outside the locker room or changing area during periods of use;
- c. Leaving the doors open when adequate privacy is still possible; and/or
- d. Making occasional sweeps of the locker rooms or changing areas with women checking on female locker rooms and men checking on male locker rooms.

Every effort must be made to recognize when a minor athlete goes to the locker room or changing area during practice and competition, and, if the minor athlete does not return in a timely fashion, to check on the minor athlete's whereabouts.

##### **VI. Legal Guardians in Locker Rooms or Changing Areas**

Legal guardians are discouraged from entering locker rooms and changing areas. If a legal guardian does enter a locker room or changing area, it must only be a same-sex legal guardian and the legal guardian should notify a coach or administrator in advance.

#### **MASSAGES AND RUBDOWNS/ATHLETE TRAINING MODALITIES**

- I. Definition: In this section, the term "Massage" refers to any massage, rubdown, athletic training modality including physical modalities (e.g., stretching, physical manipulation, injury rehabilitation, etc.) and electronic or instrument assisted modalities (e.g., stim treatment, dry needling, cupping, etc.).





II. General Requirement

Any Massage performed on an athlete must be conducted in an open and interruptible location and must be performed by a licensed massage therapist or other certified professional. However, even if a coach is a licensed massage therapist, the coach must not perform a rubdown or massage of an athlete under any circumstance.

III. Additional Minor Athlete Requirements

- a. Written consent by a legal guardian must be obtained in advance by the licensed massage therapist or other certified professional, with a copy provided to Lawrence Aquahawks.
- b. Legal guardians must be allowed to observe the Massage.
- c. Any Massage of a minor athlete must be done with at least one other adult present and must never be done with only the minor athlete and the person performing the Massage in the room.
- d. [Recommended] Any Massage of a minor athlete must only occur after a proper diagnosis from a treating physician and be done in the course of care according to the physician's treatment plan.