

Thurston Olympians Swim Club: Tryout Form

You Must Submit One Form Per Athlete

Swimmer Information:

First Name: _____

Last Name: _____

Middle Name: _____

Preferred Name: _____

Gender: M / F Birthday: ____/____/____ Age: ____

School Name / District: _____ Grade in School: _____

How did you learn about TOSC? _____

If you were previously registered with another USA Swimming team, please complete the following:

Team Name / Code: _____ LSC: _____

Last Known Date of Competition: ____/____/____

Parent Information:

Parent/Guardian Name(s): _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Registration / Insurance:

TOSC is required by Pacific Northwest Swimming and USA Swimming to notify all persons trying out that they are not covered by USA Swimming Insurance during the tryout period. For this reason, we are required to have a parent or legal guardian on deck during the tryout period of persons less than 18 years of age. After tryout, all necessary paperwork is to be completed and returned to the Treasurer. It will then be mailed to PNS/USA Swimming and a registration/insurance card will be returned to our team. The card will then ensure the swimmer's coverage during workouts, team events, and meets. The swimmer will be unable to swim on the team until all paperwork is completed and registration payments have been made. Liability for the swimmer(s) is the parent/guardian's responsibility until the USA Swimming insurance card is received by TOSC.

Parent/Guardian Signature: _____ Date: ____/____/____

Thurston Olympians Swim Club: 2021-22 Medical History

Swimmer (Last, First, MI) _____ Age _____ Gender _____

1. Do you take any prescription medications on a regular basis? YES NO
2. Do you have asthma, diabetes, epilepsy, or high blood pressure? YES NO
3. Do you have any type of heart, lung, kidney, or liver disease? YES NO
4. Have you had a severe neck, head, back or shoulder injury in the last 4 months? YES NO
5. Do you have any life-threatening food allergies? YES NO
6. Do you have any life-threatening insect sting allergies? YES NO
7. Do you carry an epi pen? YES NO

If you answered "YES" to any of the above questions, please write the question number(s) and explain in the space below. Also, feel free to share any medical information that you would like the coaching staff to know. _____

Family Doctor: _____ Phone: _____

Insurance Carrier: _____ Phone: _____

Medical Insurance Group and Policy Numbers: _____

Special instructions or additional comments which may be needed in rendering medical treatment. Include important conditions, medical history, allergies, penicillin or drug reactions, etc. _____

Parent/Guardian Printed Name (First/Last) _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Parent/Guardian Printed Name (First/Last) _____

Home Phone _____ Work Phone _____ Mobile Phone _____

If parents/guardians are unavailable, please list other persons to notify in an emergency.

1. Name (First & Last) _____ Relationship _____ Phone _____

2. Name (First & Last) _____ Relationship _____ Phone _____

Pacific Northwest Swimming Concussion Information Sheet

A concussion is a brain injury, and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- | |
|---|
| <ul style="list-style-type: none">• Appears dazed• Vacant facial expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays incoordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness |
|---|

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion must be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and athletes is the key for athlete safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion must be removed from the meet or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion Remember its better to miss one meet or practice than miss the whole season. And when in doubt, the athlete sits out. For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

This form must be signed and dated by BOTH athlete and parent or guardian BEFORE the athlete can participate in practice or competition.

_____	_____	_____
Athlete Name Printed	Athlete Signature	Date
_____	_____	_____
Parent or Legal Guardian Printed	Parent or Legal Guardian Signature	Date

TOSC COVID-19 Reentry Plan

TOSC SELF-ADMINSTERED DAILY HEALTH SCREEN

The most concerning threat to an organized sports team is rapid spread within the group. Effective containment depends on early symptom identification, removal from practice (isolation), and strict guidelines regarding return to practice.

If you had any of the **following symptoms in the past 24 hours**, please remain at home and do not return to practice until you are symptom free for 72 hours. If practical, go to a testing facility to be assessed.

- Fever of 100.4 degrees Fahrenheit or higher
- Dry Cough
- Shortness of breath/difficulty breathing
- Chills
- New loss of taste or smell
- Sore throat
- Muscle pain or body aches
- Unexplained rash
- Abdominal Pain
- Nausea, Vomiting, or Diarrhea

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Pandemic. These symptoms typically appear 2-7 days after being infected so please take them seriously.

Have you tested positive for COVID-19 or otherwise been diagnosed with COVID-19 within the last 14 days? If you answer yes, all three of the following are required before returning to practice:

1. A minimum of 14 days of self-quarantine from the date of a positive test.
2. 72 hours with no symptoms, and a subsequent negative test.
3. Testing and results must be reported to the coaching staff to monitor contacts and early signs of transmission within the team or squads.

Have you had close contact within the last 14-days with someone who has COVID-19 or who has any of the above symptoms? (Note: close contact is defined as within 6 feet for more than 10 minutes per CDC Guidelines.) If you answer yes, to return to practice the swimmer should have no symptoms for 72 hours, a negative test, and no additional close contact with the infected individual.

ADDITIONAL SAFETY EXPECTATIONS

- Per Governor Inslee's order and North Thurston School District Policy everyone must wear a face covering when entering the building or until notified otherwise. Parents/Guardians must always wear face coverings in the building.
- Athletes and parents/guardians must leave immediately at the completion of practice.
- Only 1 parent/guardian per athlete will be allowed in the building at any time and are expected to practice social distancing when waiting for their athlete. If you require additional people on deck or accommodations, please contact TOSC and the request will be reviewed.
- Athletes should be prepared to arrive and depart in their suits. **Deck changing is strictly prohibited.** We will only have use of the Family bathroom. This area is to only be used for restroom breaks and will be limited to athletes and staff only.
- Athletes must leave their personal belongings in an assigned space to ensure social distancing on the deck. We ask that you only bring what is necessary for practice and limit the items that come into the facility. Once athletes enter the building, they will go immediately to their assigned spot and await instructions from their coach.
- Athletes should bring their own water bottles (already filled). Use of the water fountains at the facility will be prohibited.
- Athletes will not be permitted to store their equipment bags at the pool. They must take them home after each practice.
- For us all to stay healthy and be able to keep swimming, we ask our athletes to please practice responsible social distancing when they are away from the pool as well.
- Athletes and families who travel by air, or to an area deemed high risk, and are not vaccinated it is recommended to self-isolate for 7+ days before returning to practice. If swimmer is vaccinated and symptom free, they may return immediately. We are expecting clear communication and full transparency from families on this.

*****Please note: This guidance will be updated as new information becomes available *****

Date: _____ Athlete Signature: _____

Date: _____ Parent/Guardian Signature: _____

Thurston Olympians Swim Club

2021-22 Parent and Swimmer Code of Conduct

Swimmer (Last, First, MI) _____ Age _____ Gender _____

While we appreciate parental input and support, it is important to recognize that in the sporting environment there should be boundaries for both parents and participants. Essential elements of character building and ethics in sports are embodied in the concept of sportsmanship and our four core principles: Discipline, Confidence, Courage, and Integrity.

Based on that, we require parents to agree that:

1. No child will be forced to participate in practice or swim meets.
2. Any physical disability, mental disability, or ailment that may affect the safety of a swimmer or teammates will be brought to the attention of the coach.
3. All rules of the sport will be learned and obeyed.
4. All guests, parents, and guardians will be positive role models for swimmers, and will encourage sportsmanship by showing respect and courtesy and by demonstrating positive support for all coaches, swimmers, officials and spectators at every swim meet, practice or event. Respect the basic human rights, worth and dignity of everyone.
5. No parents, nor any guest, will engage in any unsportsmanlike conduct, such as booing, taunting, using profane language or gestures at team meetings, on deck at practice, or at meets.
6. Parents will teach and encourage their swimmer to treat other swimmers, spectators, coaches and officials with respect.
7. Parents will teach their swimmer that doing their best is more important than winning, so that their child will never feel defeated by the outcome of a race.
8. Parents will praise their child after every race and make them feel like a winner every time.
9. Parents will not yell or ridicule their child for making a mistake or losing a race.
10. Parents will emphasize skill development and practice, rather than placing emphasis on competition and winning.
11. Parents will respect officials during meets and will never question, discuss or confront coaches in front of swimmers and will take time to speak with coaches at an agreed upon time and place.
12. Parents and coaches will demand a sports environment that is free of drugs, tobacco, and alcohol.
13. Parents will refrain from coaching their child during meets and practices.

The TOSC Head Coach and/or board of directors will review all infractions of the Code of Conduct. Depending on the severity or frequency, the disciplinary action may include member or swimmer suspension or expulsion from the team.

Parent Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____