

MANCHESTER SWIM CLUB

2020 Spring and Summer Programs



Please circle which programs your swimmer will be participating in:
Extended Rec Practice - Junior Stroke Clinic - Senior Stroke Clinic
Spring Rec Practice – Summer USA Long Course – Summer Practice Only



PARTICIPANTS MUST BE COMPETENT SWIMMERS TO TAKE PART IN MSC'S PROGRAMS:

LAST _____ FIRST _____ MI _____ M _____ F _____ DOB _____

LAST _____ FIRST _____ MI _____ M _____ F _____ DOB _____

LEVEL OF SWIMMING EXPERIENCE:

SWIMMING LESSONS COMPLETED _____

SWIM TEAMS YOUR SWIMMER HAS PARTICIPATED ON: _____

STROKES YOUR SWIMMER IS ABLE TO PERFORM:

FREESTYLE _____ BACKSTROKE _____ BREASTROKE _____ BUTTERFLY _____

STREET ADDRESS _____

TOWN _____ **ZIP CODE** _____

PARENT/GUARDIAN _____

PHONE: home _____ work _____ cell _____

EMERGENCY CONTACT _____ **Phone** _____

(someone other than parent or guardian)

Payment:

Please see website for fees and payment schedule

PARENT OR GUARDIAN APPROVAL

➤ **SIGNATURE** _____ **DATE** _____

For MSC use only:

PAYMENT \$ _____ **CHECK NUMBER** _____ **DATE** _____

PAYMENT \$ _____ **CHECK NUMBER** _____ **DATE** _____

PAYMENT \$ _____ **CHECK NUMBER** _____ **DATE** _____

Medical Information – Please fill out 1 medical form for each swimmer.

Swimmer's name _____

- 1) Does this swimmer have any medical conditions that the coaching staff should be aware of?
Circle one: yes no
- 2) Does this swimmer have any allergies the coaching staff should be aware of?
Circle one: yes no
- 3) Has this swimmer had any injuries the coaching staff should be aware of?
Circle one: yes no
- 4) Is this swimmer taking any medications the coaching staff should be aware of?
Circle one: yes no
- 5) My child has permission to take Tylenol or Advil if needed.
Circle one: yes no

If you circled yes to any question other than question (5), please list specifics here.

Manchester Youth Aquatics, Inc. Emergency Medical/Hospital Release and Indemnification

Parent/Guardian Name: _____

Telephone: Home _____ Work _____ Cell _____

Address: _____

Doctor's Name: _____ Telephone: _____

Medical Insurance: _____

Emergency Contact: _____ Relationship: _____
(Someone other than parent or guardian)

Address: _____ Telephone: _____

HOLD HARMLESS AGREEMENT

I agree to indemnify and hold harmless the Town of Manchester, Manchester Youth Aquatics, Inc. D/B/A Manchester Swim Club, (Club) and all of their officers, committee members, agents and employees, from all claims, liabilities, losses damages and expenses which in any way may arise from my child's participation in club activities, including without limitation, all claims which my child and his or her parents or guardians may have for personal injuries. To the best of my knowledge my child is in good physical health and able to participate in all club activities. In case of a medical emergency, I authorize the Club and its coaches to render and seek all necessary medical care.

➤ **Signature of Parent/Guardian** _____ **Date** _____

Please read each statement below and if you understand and agree place your initials in the space next to the paragraph to signify your understanding and agreement:

- **1)** _____ In the event my child needs emergency medical care while participating on The Manchester Swim Club swim team program, and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is: _____,
Name of Hospital
However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.
- **2)** _____ In the event my child needs emergency medical care while on The Manchester Swim Club, I hereby give permission for the hospital to give such emergency treatment as is considered necessary and based on the appropriate medical judgment, including the administration of anesthesia.
- **3)** _____ I agree to assume all medical expenses incurred by my child while participating on The Manchester Swim Club swim team program.

MANCHESTER SWIM CLUB EMAIL REMINDER SYSTEM

To be able to keep our parents as well informed as possible, we use an email system. Through emails, we are able to remind you of meets, meet sign-up deadlines, activities, fund raisers, etc.

We also use this system and the cell phone texting system to inform you of any cancellations due to inclement weather or pool problems.

Please give us an email address which you check often. You may give us more than one address (ex. work and home, husband and wife, etc.), however, we are looking for parent or guardian email addresses, NOT swimmer's addresses. Thanks!

PARENT/GUARDIAN EMAIL INFORMATION

*** INVOICES WILL BE SENT TO EMAIL ADDRESS # 1**

NAME OF SWIMMER(s) _____

_____ I WOULD LIKE TO BE PART OF THE EMAIL SYSTEM

1) PARENT NAME _____ *EMAIL ADDRESS _____

2) PARENT NAME _____ EMAIL ADDRESS _____

3) PARENT NAME _____ EMAIL ADDRESS _____

_____ I DO NOT HAVE AN EMAIL ADDRESS OR WOULD PREFER NOT TO BE CONTACTED THROUGH THIS SYSTEM. I UNDERSTAND THAT REMINDER PHONE CALLS WILL NOT BE MADE.

CELL PHONE TEXT ALERT SYSTEM

Name _____ cell # _____ Cellphone Carrier Service _____

Name _____ cell # _____ Cellphone Carrier Service _____

I understand that I will be sent a text message in the case of practice cancellations, emergencies, and important MSC information only. (Please use parent cellphones only, not swimmers). Please note, text messages are a courtesy and are not guaranteed.

➤ *SIGNATURE* _____ DATE _____

WEBSITE AGREEMENT

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Manchester Swim Club has an informational website. Meets, practice schedules, meet results, events, etc. are posted to this website. Your child's name may appear on this website (meet results, meets posted, etc.)

Pictures of swimmers may also appear on this website (team pictures, pictures at meets, events, etc.)

No personal information about a swimmer, such as their date of birth or address, will be disclosed on the web site.

Your signature allows us to post your swimmer's name and pictures to this website.

I GIVE MY PERMISSION TO POST MY CHILD'S/CHILDREN'S NAME(S) AND PHOTOGRAPH(S) TO THE MANCHESTER SWIM CLUB WEBSITE. (WWW.MANCHESTERSWIMCLUB.ORG)

➤ *SIGNATURE* _____ DATE _____

PARENT PHONE LIST

I would _____ would not _____ like the phone number _____ added to a general phone list so that I can be contacted by other parents. The list will be emailed to all members. It will NOT be on the website.

➤ *SIGNATURE* _____ DATE _____

Minor Athlete Abuse Prevention Policy

TO: All Manchester Swim Club Families
RE: Addition to USA Swimming Safe Sport Policy
May 16, 2019

On April 29, 2019 all USA Swimming Clubs were contacted by USA Swimming with additional policies that must be in place for ALL adults (members and non-members) who are in contact with minor athletes (under the age of 18).

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.
- Collectively "Applicable Adult(s)"

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 meet 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 HealthCare Provider, with a copy provided to the club.

III. 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 the club, 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" the club 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 the club or LSC must be USA Swimming members in good standing.

b. Unrelated non-athlete Applicable Adults must not share a hotel room, other sleeping arrangement or overnight lodging location with an 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. When a minor athlete and an adult athlete share a hotel room or other sleeping arrangement, the minor athlete's legal guardian must provide written permission in advance and for each instance for the minor to share a hotel room or other sleeping arrangement with said adult athlete.

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
The club 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 the club.
 - 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.

Per USA Swimming Safe Sport, refusal to agree to the policy may result in dismissal from Manchester Swim Club (a USA Swimming registered program).

Name of all participating swimmers:

First and last name First and last name First and last name

By signing my name below I acknowledge that I, and my family have received, read and understood the Minor Athlete Abuse Prevention Policy. I am signing on behalf of my entire family. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my and my family's membership with Manchester Swim Club. (a USA Swimming member club).

Parent /Guardian Signature:

_____ Date _____

18/Over Swimmers:

By signing my name below I acknowledge that I, an 18/over swimmer, have read and understood the Minor Athlete Abuse Prevention Policy. I further acknowledge and understand that agreeing to comply with the contents of this Policy is a condition of my membership with Manchester Swim Club. (a USA Swimming member club).

18/Over Swimmer Signature:

_____ Date _____