

Temple City Aquatics Club

Athlete's Information

Athlete's Name: _____

Street Address: _____

Phone #: _____

Email Address: _____

Date of Birth: _____

School Grade: _____

Parent's Information

Parent's Name: _____

Street Address: _____

Phone #: _____

Email Address: _____

Date of Birth: _____

School Grade: _____

Emergency Contact

Name: _____

Relation: _____

Home Phone: _____

Cell Phone: _____

ATHLETE'S NAME: _____

TCAC CLUB- PARENT CODE OF CONDUCT

To compete successfully at the highest level, it is important to recognize that participation in the TCAC is a commitment being made by parents and players. Therefore, it is important that we outline our expectations.

Read the following guidelines that we expect our parents to follow.

1. Parents are allowed to attend practices and encouraged to attend games. However, parents are expected to stay off the pool deck and away from the coaches and players during practices and games.
2. Parents are expected to get their children to all practices and games on time. Players should arrive at games at least 45 minutes prior to the scheduled time of the match.
3. The players should receive their directions only from the coaching staff on the pool deck, not from parents in the stands. Parents are not COACHES.
4. No player will be allowed to participate in any practice or game unless he/she is registered with the club and with United States Water Polo. All club dues must be paid in full in order for a player to be allowed to enter the water.
5. Part of the mission of the coaches is to help the players develop into mature, responsible young men and women. Therefore, it is the responsibility of players to communicate directly with coaches when issues arise. If the issue remains unresolved after the player and coach speak, a parent may contact the coach. Please do not speak to the coach immediately before, during, or immediately after a game.
6. Parents should support the players on our teams and refrain from making disparaging remarks about or directed at any of our players, coaches, opponents, or officials. Parents must avoid any physical or verbal confrontations with the parents, coaches, and players of our club or our opponents or with the officials.
7. Decisions about roster, playing time, travel teams, and all other water polo related matters are made exclusively by the coaching staff and are not open to debate, discussion, or negotiation with parents. A player should feel free to discuss his/her status with the coaches at an appropriate time. Playing time and travel teams are not distributed on an equal basis and are not guaranteed by club membership.
8. With respect to TCAC, disparaging comments should not be posted about its players, its coaches, its opponents, or officials on any website, message board, blog, etc.

By enrolling my son/daughter in TCAC I agree to follow these guidelines. I understand that failure to adhere to these guidelines may result in the removal of my son/daughter from the TCAC without refund.

PARENT'S NAME (PRINTED) _____

SIGNATURE _____

Authorization to Treat a Minor Medical/Liability Release

Note: The sport of Water Polo is classified as a “physical contact sport” and athlete participation can, and occasionally does, result in athlete injury. Although most injuries are minor, serious and even life-threatening injuries can occur, requiring immediate medical emergency services, care and treatment. Temple City Aquatics Club (TCAC) is a member of the United States Water Polo (USWP). Each and every registered TCAC athlete must also be a member of USWP, (no exceptions). As such, USWP member coaches, Officials, member athletes and clubs are covered with general liability insurance. For the safety of TCAC’s athletes, coaches, officials and as required for the use of the pool sites all registered TCAC athletes must have the following Medical/Liability Release on file for participation with and under the support of TCAC.

My child, _____, is a member of TCAC and has my permission to participate in all activities including but not limited to practices, scrimmages, games, tournaments, and traveling to and from said events (domestically & internationally). I certify that my child has full medical insurance. I also certify, to the best of my knowledge that my child is physically fit and able to participate in sporting events.

I acknowledge that water polo is an extreme sport and can lead to minor or serious bodily injury. With full understanding of the potential risks, I hereby assume those risks of participation. In the events of an injury, I assume financial responsibility for the bills incurred. In the event of injury or sudden illness, I as legal guardian, hereby grant my permission for my child to be treated by a qualified and licensed physician in the event that immediate treatment is necessary, as determined by the attending physician. Permission for treatment is authorized in the event that I am unable to be reached following a reasonable effort to do so. I understand that it is my responsibility to inform the club administration when my contact information changes. Additionally, I agree to be fully responsible for any and all expenses incurred and related to any such medical emergency, care and treatment. I agree to hold TCAC, and all others harmless for such expenses/liability except as provided by the USWP membership of said athlete and that provided under USWP for TCAC membership and/or the athlete’s personal and private medical insurance providers.

Registered Athlete _____ Age _____ Gender _____

DOB _____ Emergency Contact _____ Phone # _____

Medical Insurance Provider _____

Phone Number _____ Group/Policy _____

Athlete’s Primary Physician _____ Phone _____

Parent/Guardian’s Name (print) _____

Parent/Guardian’s Signature _____

Date Signed ____ / ____ / ____