RICHLAND WAVES PARENT CONTRACT

The Richland Waves is committed to providing your child/children with a successful swim season. Please read the following requirements and sign.

During practice, only team swimmers will be allowed in the main pool deck during their designated time frame. All others may observe from the Kiddy pool or the Clubhouse Deck. This is for the swimmers' safety.

Coaches must be notified in advance of any absences/vacations of a registered swimmer as early as possible before a meet.

Parents will provide the necessary swim gear needed for their child i.e; swim cap, goggles, and a team suit or a one piece suit

Parents must provide any prescription inhalers, Epi-pens, or medication a swimmer may require by the first practice scheduled. Parents who do not provide prescriptions will have to be present and accessible at all times during practice and meets. Any prescriptions will be returned after the season.

At least one adult from each registered swimmer's family is required to work one shift at 4 – 6 swim meets. If you fail to find a replacement or do not work your job assignment, your child/ children will not be allowed to participate in the next scheduled swim meet.

*** Parents who wish to volunteer extra hours such a s working every meet when you are in town or offering up two volunteers for working the meets are welcome to indicate below. This is optional and very much appreciated.

My choices for swim	neet jobs are:			
Parent 1				
Parent 1 (Mandatory)	First Choice	Second Choice		
Shift Preference (Circ	le one) 1 st half or	2 nd half.	Sign me up for every meet	Y or N
Parent 2				
(Optional)			Second Choice	
Shift Preference (Circ	le one) 1st half or	2 nd half.	Sign me up for every meet	Y or N
order to cover all jobs List Vacation Dates:				
I have read and under	rstood the above:			
Parent Name			Parent Signature	
Swimmer's Name(s)				