

## **Springfield Greenwave Protection Policy & Signature Forms**

Springfield Greenwave Swimming (SFGW) places a high priority on creating and maintaining a safe environment for our swimmers, coaches and volunteers. This protection policy identifies safe practices required of all adults (paid and unpaid) who interact with swimmers (minors ages 18 years and younger) over the course of the **2019 SFGW swim season**.

### **Appropriate Conduct:**

1. No adult should ever be alone (1:1) with a swimmer. A second, non-relative adult, must be present or a second youth must be present at all times. If you must be alone with a swimmer for a brief period, visual access must be maintained at all times (e.g. open doors, etc.). In the event a medical or other situation should arise, please ask a lifeguard to assist to serve as the second adult.
2. All Coaches or other employees will release permission and any required information to SFGW in order to complete a background check performed by a third party vendor.
3. No one under the age of 18 years old may serve as a team parent, but non-relative minors may assist an adult as approved on a case-by-case basis. Approval may be requested from the Board President or Volunteer Coordinator.
4. Common signs of affection (hugs, high fives, etc.) are appropriate. However, physical expressions must not be excessive or imposed upon another person. Adults will honor the right of swimmers to not be touched in any way that makes them uncomfortable.

### **Prohibited Conduct:**

1. All forms of abuse are prohibited. Abuse includes physical abuse, emotional abuse, unlawful sexual behavior or exploitation, and any and all behavior that misuses a trust relationship.
2. No person will be under the influence of alcohol or illegal drugs, or be impaired by legally prescribed medications when acting on behalf of SFGW as a coach or volunteer.
3. No person convicted of a crime involving physical violence or sexual abuse (against a minor or adult) may volunteer with or be employed by SFGW.
4. SFGW coaches and volunteers may not administer any medication (including, but not limited to, sunscreen lotion), except in the case of life threatening allergic reactions (e.g. Epi-pen) and then only with written permission from the swimmer's parent or legal guardian.

### **Reporting Abuse or Suspected Abuse:**

1. Any person employed by or volunteering on behalf of SFGW will report to local authorities any good-faith belief that a child has been physically, emotionally or sexually abused, exploited or exposed to any form of sexual exploitation.
2. In the event that there is an allegation of abuse of any type made against an individual acting on behalf of SFGW: (a) SFGW will not investigate reports or allegations of abuse. The Board president will contact local law enforcement. (b) Names of potential victims, accused and person(s) reporting will remain confidential. (c) SFGW reserves the right to suspend or terminate employment or volunteering with SFGW regardless of the outcome of any investigation. (d) Any request for information must be sent to the SFGW Board in order to address inquiries or investigations.
3. All involved in an investigation must keep all information confidential except as required by law.

**The form below must be completed by ALL volunteers and coaches. Please mail or drop the form at Christine Spurgeon's house at 1501 Kilburn Lane before May 6, 2019. Forms must be received prior to first day of practice! Your swimmer cannot participate until this form has been completed and turned in PRIOR to their scheduled practice time. Coaches are not responsible for collecting these forms on the 1<sup>st</sup> day of practice. Please be respectful and turn in early. This is a GCSL mandate we must comply with and our swim team insurance is dependent on your compliance. Thanks in advance for your cooperation!**

**Affirmation by Board Members, Coaches & Volunteers**

(If you DON'T have any questions please sign this form and return before May 6, 2019)

I have read, understood and agree to abide by the SFGW Protection Policy for the 2019 season.

Furthermore, I have not been convicted of any offense involving physical, emotional, or sexual violence or abuse in any jurisdiction, nor are there any such charges pending at this time. I understand that it is my responsibility to inform the SFGW Board President, if this affirmation changes at any time during the 2019 swim season.

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Print First Name:** \_\_\_\_\_ **Print Last Name** \_\_\_\_\_

**Swimmer(s) Family Last Name:** \_\_\_\_\_

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**Questions Form**

(The form below is **only required for persons with questions** regarding the SFGW Protection Policy Form and should be returned before May 6, 2019) Once this form is returned, the SFGW President will reach out to you to answer your questions.

I have read the SFGW Protection Policy for the 2019 season.

At this time, I have **questions or would like to discuss this policy** with the SFGW Board President. I understand that our conversation will be kept in strict confidence. I further understand that my child will not participate in SFGW meets until compliance with the protection policy is completely satisfied.

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Print First Name:** \_\_\_\_\_ **Print Last Name:** \_\_\_\_\_

**Swimmer(s) Family Last Name:** \_\_\_\_\_

**Best Way To Be Reached** \_\_\_\_\_