



Shadow Water Polo Club

MEMBERSHIP APPLICATION

PART A: Athlete Information

Athlete:	_____	_____
	First name and initials	Last name
Address:	_____	
	Apt./No.	Street P.O. Box or R.R. No.

	City	Province/Territory Postal Code
Gender:	_____	Athlete's Email: _____
Date of Birth:	YYYY / MM / DD	Phone: Home () _____ Cell () _____
School:	_____	

PART B: Parent/Guardian Information

Main Parent/Guardian:	_____	_____	_____
	First name	Last name	Email
Telephone: Home:	() _____	Work: () _____	Cell: () _____
2 nd Parent/Guardian:	_____	_____	_____
	First name	Last name	Email
Telephone: Home:	() _____	Work: () _____	Cell: () _____

PART C: Emergency Contact & Health Information

Emergency Contact Name:	_____	_____	_____
	First name	Last name	Relationship to athlete
Telephone: Home:	() _____	Work: () _____	Cell: () _____
Family doctor name (optional):	_____		Family doctor number: _____
Provincial insurance (optional):	_____		
Does the athlete have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain: _____
Does the athlete need to keep with them an allergy medication such as an Epi-pen or asthma inhaler?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please specify:	_____		
Does the athlete have any dietary or food restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain. _____

PART D: Consent

I hereby consent to and authorize Shadow Water Polo Club and its representative(s) to: share information and provide first aid, and/or obtain medical care and services (e.g., contacting EMS/ambulance) as needed using their best judgement for the health and safety of the athlete during Shadow Water Polo Club activities.

Signature of custodial parent/guardian

Date:

How did you hear about us? (check all that apply) Social Media Flyer Swim School Referral from current member
 Other: _____

Notice of Warning

There is a potential risk for injury involved in training and participating in the sport of water polo. The Ontario Water Polo Association Incorporated (OWP) and its member clubs have tried to create a safe and controlled environment for participation. The OWP has established rules for participation and conduct that should be followed. Some hazards which may lead to catastrophic situations are: slips on the pool deck or surrounding areas, chlorine leaks, ball injuries and personal body contact injuries etc.

By signing this document I agree to and will abide to all the OWP and Shadow Water Polo Club policies. If I am a parent/guardian of a minor I provide consent for my minor child to participate with the OWP and the Shadow Water Polo Club.

<input type="checkbox"/>	I/We have read, and understand the Notice of Warning
<input type="checkbox"/>	I/We have read, understand and will abide by the OWP Standards of Behaviour
<input type="checkbox"/>	I/We have read, understand and will abide by the terms and conditions in the Ontario Water Polo code of conduct
<input type="checkbox"/>	I/We am aware of the OWP PIPEDA Policy and consent form
<input type="checkbox"/>	Throughout the year players photos and videos may be used in several ways: to highlight players in newsletters, website, promotional articles and materials for the club. I/We give permission to the Shadow WPC to have our athlete (named above) photographed and/or videotaped and such photographs and videos be used as above.

Member's Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
(IF UNDER 18)



Shadow Water Polo Club - RELEASE FORM -

Athlete: _____ First name and initials _____ Last name _____
Address: _____ Apt./No. _____ Street _____ P.O. Box or R.R. No. _____
_____ City _____ Province/Territory _____ Postal Code _____
Date of Birth: YYYY / MM / DD
Phone: Home () _____ Cell () _____ Athlete's Email: _____

- RELEASE -

I, _____, my heirs, executors and administrators hereby release Shadow
(athlete's name)
Water Polo Club and its representatives from any and all claims or actions I may have for any injuries I may
sustain during the course of being a member of the Shadow Water Polo Club.

_____ Signature of Athlete	_____ Date
_____ Name of Athlete (please print)	
_____ Signature of Parent/Guardian (if athlete under the age of 18)	_____ Date
_____ Name of Parent/Guardian (please print)	



Shadow Water Polo Club Policy on Sports Conduct

Introduction:

Our mission at Shadow Water Polo Club is to create the opportunity for successful experiences in recreational and competitive water polo. We strongly believe in the fun of learning, the fun of participating, the fun of competing, and the fun of improving.

Shadow Water Polo Club strives to ensure a safe environment for its members and endeavors to foster healthy relationships among its athletes.

Purpose:

The main objective of our Policy on Sports Conduct (“policy”) is to maintain responsible behaviour by the participants in this club in accordance with the Shadow Water Polo Code of Conduct and the Ontario Water Polo Code of Conduct.

Who our policy applies to:

Our policy applies to everyone involved in the club including committee members, administrators, coaches, officials (ie. referees/judges), players, parents and spectators.

Extent of our policy:

Our policy covers breaches of our codes of conduct and behaviour that occurs at practice, in the locker rooms, at social events organized or sanctioned by the club (or our sport), and on away and overnight trips. It also covers private behaviour where that behaviour brings our club or sport into disrepute or there is suspicion of harm towards a child or young person, including but not limited to social media posts and cyber bullying.

Code of Conduct:

The majority of water polo experiences happen in the pool, involving only athletes and coaches. Because of this, we cannot ask parents to maintain a constant watch to ensure proper behavior from their children. As an organization with abiding responsibilities for the growth, development, safety and competitive success of dozens of young athletes, Shadow Water Polo Club has adopted the Ontario Water Polo Code of Conduct. Our Code of Conduct applies to everyone associated with the Club, including swimmers, coaches, parents, officials, and volunteers.

Shadow Water polo strives to ensure a safe environment for its members and endeavors to foster healthy relationships among its athletes. For these reasons, the Club has adopted a zero-tolerance policy. The rules of Shadow Water Polo Club are in effect at all functions, training sessions and tournaments where athletes are acting as representatives of the Club.

Expectations:

- Courtesy, good sportsmanship, co-operation with coaches and respect for the rules they set out for tournaments, trips and training sessions;
- Respect for the needs and sensitivities of teammates and fellow competitors;
- Respect for public and private property, including pool decks, change rooms, and on trips, buses or other vehicles of transportation, hotel rooms, lobbies and other facilities.

Prohibitions:

- No drinking or transporting of alcoholic beverages;
- No smoking or chewing tobacco;
- No illegal drugs (which if found will be turned over to the appropriate authorities);
- No sexual harassment or other discriminatory behavior;
- No sexual fraternization on trips;
- No entertaining of outside guests in hotel rooms;
- No bullying or cyberbullying.

Responsibility of Swimmer:

- Attend practices as required;
- Be on time for practices and tournaments;
- Acquire and use the proper attire/equipment including official Shadow swimwear at tournaments;
- Help set up and take down all training equipment (nets/balls etc.);
- Leave pool facilities promptly at the end of each practice;
- Ensure all Shadow communications are delivered to parents.

Responsibility of Parents:

- Ensure you child gets to practices and tournaments on time and in case of practices ensure they leave facilities promptly;
- Communicate with coaches as the need arises;
- Ensure that children have the proper equipment;
- Most importantly, supply athletes with emotional support and encouragement.

Disciplinary Penalties and Violations:

While some behavior is much more acceptable than others, any breach of a rule may result in some form of disciplinary action up to and including a temporary suspension, or with the approval of the Board of directors, dismissal from the Club.

I. Class I Violations

Class I violations carry a penalty of up to one (1) week suspension from all practices, games, and/or any team activity. The suspension begins when coaches determine a violation has occurred and when they have reached a decision on the issue; however, the coach has the authority to immediately suspend the offender. This time will count towards the overall suspension period.

At their discretion, a coach may take immediate action against a player for Class I violations. A coach may bench the offending player during a game, or even ask them to leave the pool for the remaining duration of a practice or game. After the practice or game ends, the coach will discuss the incident with the player and the parents. The coach will be required to document the incident and provide a copy to the Shadow Water Polo Board within 5 days of the occurrence.

Class I violations include, but are not limited to:

- Use of obscene or vulgar language or gestures to anyone at anytime;
- Use of abusive or disrespectful language (toward players, coaches, parents, officials, other players, and spectators);
- Taunting of players, coaches, officials, or spectators by means of baiting, or ridiculing;
- Addressing a coach, official, player or volunteer in an unsportsmanlike, discourteous, or threatening manner;
- Active or passive refusal of a player to follow a direct, reasonable instruction from the coach with regard to games and practices;
- Questioning the coach(s) coaching during or after practices or games;

- Questioning the referees during or after games;
- Approaching a coach or referee immediately following a game to voice a complaint.

II. Class II Violations

Class II violations carry a penalty of up to a thirty (30) day suspension from all practices, games, and/or any team activity. The suspension begins when the Disciplinary Committee has reached a decision on the issue; however, the Disciplinary Committee has the authority to immediately suspend the offender until the investigation is complete. This time will count towards the overall suspension period.

Class II violations include, but are not limited to:

- Threats of physical violence towards any player, coach, parent, official, volunteer, or spectator;
- Throwing of any object in the spectators viewing area, pool area, in the locker room, that in any manner creates a safety hazard;
- Intentionally shoving or striking a player, coach, or official during any Shadow Water Polo function, whether in the locker room, in the pool, or at any time the team is getting together;
- Bullying, cyber bullying or harassment of other members;
- Second class I violation of the same offense or third or subsequent class I violations.

III. Class III Violations

Class III violations carry a penalty of up to one (1) year suspension from the program to permanent termination from the Shadow Water Polo club organization. The suspension begins when the Disciplinary Committee has reached a decision on the issue; however, the Disciplinary Committee has the authority to immediately suspend the offender until the investigation is complete. For Class III violations penalties will require ratification by a 2/3 majority of the Board of Directors, at a meeting where there is a quorum of the Board.

Class III violations include, but are not limited to:

- Use of alcohol (by persons under the legal age of 19 or where otherwise prohibited) or drugs at the pool facility or official team function;
- Physical abuse of a player, coach, parent, official, volunteer, or spectator;
- Activities that violate Local, Provincial or Federal Laws which create a safety risk to any member of the organization;
- Second class II violation of the same offense or third or subsequent class II violations.

Disciplinary Committee:

In the event of a Class II or Class III violation, a Disciplinary Committee shall be immediately convened by the Shadow Water Polo Board, consisting of (5) current club members, in good standing, made up of parents, coaches and/or Board members. Those chosen for the Disciplinary Committee shall not be in any conflict with the individual(s) involved.

Parent Notification:

Parents will be informed of this Policy on Sports Conduct before the beginning of the season. Parents/guardians are required to acknowledge (by signature) that they received a copy of the Policy before their child may participate in Shadow Water Polo tournaments or events.

Right to Appeal:

Any parent has the right to appeal a decision of the Disciplinary Committee. The appeal is to be made in writing to the Shadow Water Polo Board within 10 days of the decision rendered by the Disciplinary Committee. The Board of Directors (elected and appointed) will render a decision regarding the appeal, and once rendered, is final.

Reporting:

The President of the Shadow Water Polo club will deliver an annual report to the organization at the Annual Meeting stating such particulars as the number of Policy incidents, sanctions levied, and policies pursued.

I have read, understand and agree to abide by the Shadow Water Polo Club Policy on Sports Conduct and Code of Conduct.

Athlete Name: _____
(Print)

Signature: _____ Date: _____

Parents Names: _____
(Print)

Signature: _____ Date: _____



Concussion Code of Conduct for Athletes

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all* (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when an individual suspects that another individual may have sustained a concussion.* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)



Concussion Code of Conduct for Athletes

I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-sport process* (I will have to follow my sport organization's Return-to-Sport Protocol).
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

Resources:

OWP Concussion Policy

<http://www.ontariowaterpolo.ca/admin/files/2016%20Policies/OWP%20Concussion%20Policy.pdf>

OWP Concussion Return to Play

<http://www.ontariowaterpolo.ca/admin/files/2016%20Policies/Appendix%20B%20%20ReturnToPlayProtocolWaterPoloENG.pdf>

Rowan's Law Concussion Awareness Resources

<https://www.ontario.ca/page/rowans-law-concussion-awareness-resources>

Rowan's Law Concussion Safety

<https://www.ontario.ca/page/rowans-law-concussion-safety>

Rowan's Law Legislation

<https://www.ontario.ca/laws/statute/18r01>

Rowan's Law Regulation

<https://www.ontario.ca/laws/regulation/r19161>

If your sport organization has adopted policies regarding (a) zero-tolerance (b) mandatory disqualification for illegal play that is considered high risk for causing concussions and (c) escalating consequences for violation of the Concussion Code of Conduct, please read and commit to the following section. If the following section does not apply to your sport organization, please disregard.

I will help prevent concussions, through my:

- Commitment to zero-tolerance for prohibited play that is considered high risk for causing concussions*
- Acknowledgement of mandatory expulsion from competition for violating zero-tolerance for prohibited play that is considered high risk for causing concussions (Meaning: I will be disqualified/expelled from play if I violate the zero-tolerance policy). *
- Acknowledgement of the escalating consequences for those who repeatedly violate the Concussion Code of Conduct. *



Registration Policies

Water Polo Canada

Registrants are required to review the Water Polo Canada's Privacy Policy prior to registration.

<http://www.waterpolo.ca/admin/docs/WPC%20Policies/Water%20Polo%20Canada%20Privacy%20Policy%20June%202012.pdf>

By checking this box you and/or your child/ward agree to be bound by the following policies and conditions:

- the above Privacy Policy
- Water Polo Canada Code of Conduct
- National Registration Policy
- Event Sanction Policy
- Photo/Video Release Form – If you would not like Water Polo Canada to reproduce, use, alter, exhibit, display, broadcast, distribute and create derivative works of photograph or filmed images of yourself, please email communications@waterpolo.ca
- additional Water Polo Canada policies

Ontario Water Polo

- Ontario Water Polo Code of Conduct
- <http://www.ontariowaterpolo.ca/admin/files/2016%20Policies/Code%20of%20Conduct%20and%20Ethics.pdf>

Refund Policy

Membership fees are non-refundable.
Club program fees are subject to club refund policy.

These policies and conditions are binding upon yourself, your child/ward, your heirs, executors, administrators and representatives even if you have not read them.

By signing here, I acknowledge that I have fully reviewed and commit to the Concussion Code of Conduct.

I agree to the terms above

Name _____

Signature _____

Signature of Parent/Guardian if athlete is 18 years of age or younger:

Date _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
(FOR ADULT AND MINOR PARTICIPANTS)

WARNING

**By signing this document, you will waive certain legal rights, including the right to sue.
Please read carefully.**

As a participant in the programs, activities, events and competitions of Water Polo Canada (hereinafter "WPC" or the "Association"), I, the undersigned _____ (name of participant) OR _____ (name of parent or legal guardian of a minor participant), as _____ (father, mother or legal guardian) of _____ (name of minor participant), hereby acknowledge and commit to the following terms and provisions.

1. "Association" means Water Polo Canada, its member provincial water polo associations and their clubs.
2. This is a binding legal agreement. As a participant or parent or legal guardian of a minor participant in the sport of water polo and the programs, activities and events of the Association and Organization, the undersigned acknowledges and agrees to the following terms.
3. The following terms apply to the minor participant or the undersigned, as applicable.

Disclaimer

4. The Association and their respective directors, officers, committee members, members, employees, volunteers, participants, agents and representatives (collectively the "Organization") are not responsible for any injury, personal injury, damage, property damage, expense, loss of income or loss of any kind suffered by me or my child during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

5. I am or my child is participating voluntarily in the sport of water polo and the activities, events and programs of the Organization. In consideration of my or my child's participation in the sport of water polo and the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks, dangers and hazards associated with or related to the sport of water polo and any such programs, activities and events of the Organization, including injuries which can be severe and even fatal. The risks, dangers and hazards include, but are not limited to, injuries from:
 - a. Exertion and stretching of various muscle groups, strenuous cardiovascular workouts;
 - b. Vigorous physical exertion, physical contact in deep water;
 - c. Fall to the ground or floor due to uneven, slippery or irregular surfaces;
 - d. Contact, collision or strike by the water polo ball or equipment, other individuals and any other similar pool-side aquatic equipment
 - e. Failure to play within one's abilities and within designated areas;
 - f. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - g. Extreme weather conditions which may result in heatstroke, sunstroke or lightning strikes;
 - h. Spinal cord injuries which may render me or my child permanently paralyzed; or
 - i. Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities.
6. Furthermore, I am aware:
 - a. That injuries sustained can be severe;
 - b. That I or my child may experience anxiety while challenging oneself during the activities, events and programs;
 - c. That my or my child's risk of injury is reduced if I or my child follow all rules established for participation; and

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
(FOR ADULT AND MINOR PARTICIPANTS)

- d. That my or my child's risk of injury increases with fatigue.

Release of Liability

7. In consideration of the Organization allowing me to participate, I agree:

- a. That I have not been advised by a medical doctor that my or my child's physical condition prevents or restricts me or my child from participating in the activities, events and programs;
- b. To assume all risks arising out of, associated with or related to my or my child's participation;
- c. To waive any and all claims that I may have now or in the future against the Organization;
- d. To freely accept and fully assume all such risks and possibility of personal injury, death, property damage, expense and related loss, including loss of income, resulting from my or my child's participation in the sport of water polo and the activities, events and programs of the Organization; and
- e. To forever release the Organization from any and all liability for any and all claims, demands, actions and costs that might arise out of my or my child's participation in the activities, events and programs of the Organization, due to any cause whatsoever, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence or breach of any duty of care of the Organization.

Medical treatments

In case of injury or illness, I hereby authorize the Organization to obtain all necessary medical treatments for my medical situation or my child's, including transportation by ambulance or by other means to an hospital.

Acknowledgement

By signing this document, I agree to be bound by this Legal Agreement, and this Agreement is binding upon myself, my heirs, executors, administrators and representatives even if I have not read the Agreement.

Name of the participant: _____ Date of birth: _____

Name of parent or legal guardian (Print): _____ Date: _____

Signature of parent or legal guardian: _____

Signature of the participant: _____