

Dolphin Paperwork Checklist 2023-2024 Swim Season

This paperwork must be completed and submitted to the pool BEFORE your child can start practice with the team.

These forms are due NO LATER THAN MONDAY OCTOBER 16, 2023

- Signed parent & swimmer code of conduct
 - Completed concussion certification
 - o www.cdc.gov/headsup/youthsports/training/index.html
(Previous certificates are only good for one calendar year)
 - Completed CORI form (for all parents who will volunteer and be on deck)
 - Copy of photo ID (driver's license/passport for all parents that complete a CORI)
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- All forms must be submitted in person at the Evelyn Kirrane Aquatics Center, 60 Tappan St, Brookline.
 - FORMS MUST BE COMPLETED BY OCTOBER 16, 2023
 - Completed forms must be submitted BEFORE your swimmer may start practices!

The Dolphin Swim team relies on parent volunteers for many roles, including timer, scorer, bullpen, chaperone, stroke and turn judge and bake sale, among others. The coaches, swimmers and league depend on you! (All volunteer positions will be explained at our mock meet, SATURDAY NOVEMBER 4, 2023)

Anyone who decides not to volunteer or who does not meet the deadline will be required to pay the mandatory \$100 fee. Failure to do so will result in temporary or permanent suspension from the team for the season.

Dolphin Swim Team Parent & Swimmer Contract 2023-2024

The following are the general terms and conditions in which all swimmers and parents will be held accountable for and must uphold as members of the Dolphins Swim Team. Please read carefully, as both sections involve and/or apply to both parents and swimmers.

Section 1: Parents

Swim Practice:

- I will not interrupt any coach during practice time. If I need to speak to a coach, I will send an email, Ask to talk to them before or after practice, or send my questions to the Parent Advisory Committee.
- I will not interrupt my swimmer during practice by 'coaching' from the stands or calling my swimmer over to the stands
- I understand that if my swimmer is significantly and or consistently late to practice, they will not be allowed to continue to attend practice, at the Head Coach's discretion
- I understand that my swimmer must comply with the facility's behavioral rules and is not allowed to take more than 15 minutes to shower and get dressed after practice. I will do what is necessary to make sure that my child complies with these policies.

Swim Meets

- I MUST confirm my swimmer's availability for each meet by the specified deadline.
- I will advise the Head Coach if my swimmer needs to arrive late or leave a meet early, with reasonable advance notice. I understand that it represents a breach of contract if my swimmer is removed early, misses an event (by fault of my own)and/or is a no call no show
- I will make the necessary arrangement for my swimmer(s) to attend a total of 6 meets and the corresponding Championship meet in March, typically the first weekend)
- I will not remove my swimmer(s) from their designated area without informing and receiving permission from their assigned volunteer and or coach
- If my swimmer(s) is in a relay, I will not leave the meet until they swim the relay
- If my swimmer(s) is an alternate for a relay, I will not leave the swim meet until it is over or I get permission from the Head Coach to do so.
- I will watch from the stands as I understand I CANNOT be on the pool deck or bullpen (unless I am a volunteer designated to be on the pool deck or bullpen)
- I will apply and volunteer the required number of times specified by the volunteer coordinator or the pay the non-volunteer fee. I agree to submit my paperwork or fee by the deadline established by the team's administrative staff.

Section 2: Swimmers

Swim Practice:

- I will respect my coaches and pool staff by listening to and following their directions.
- I will respect my teammates by respecting their personal space, keeping my hands to myself and refraining from using derogatory or foul language at all times.
- I will respect the pool facility (at practices and at meets)
- I will cooperate with other swimmers in my lane by stopping and or moving aside when my foot is touched for a pass and by being aware of my surroundings
- I will always present good sportsmanship and support my teammates during practice.

- I will be honest with myself, my teammates and my coaches
- I will attend 2 practices per week minimum
- I understand I will be given one warning for any type of disruptive behavior before being asked to sit out for the rest of practice and your parents will be notified. If I am sat out for disruptive behavior more than two times during the season, my parents will be called in to meet with the Head Coach, an additional agreement and or plan will be created and monitored. If I continue to fail to meet expectations, I may be suspended for the season
- I understand I must adhere to the pool/facility behavioral rules
- I am not allowed to take more than **15 minutes** to shower and get dressed after practice.

Swim Meets

- I will always present good sportsmanship toward my teammates and swimmers from other teams.
- I will listen to and respect parent volunteers, deck staff and coaches
- I will stay in my designated age group area for the duration of the meet (no exceptions) if I need to leave my area to go to the bathroom or for some other reason, I will ask a volunteer or coach for permission to do so.
- I will ask a coach if I can leave the swim meet early or arrive late with reasonable advance notice
- I will wear my Dolphins team suit, Dolphins team cap and goggles to every meet
- If I am in a relay, I understand I am not allowed to leave until I have swim it.
- If I am an alternate for a relay, I will not leave the swim meet until it is over or I get permission from the head coach to do so.

I have read, fully understand, and agree to abide by the contract set forth by the Dolphin Swim Team. Furthermore, should I fail to meet the terms of this contract, I will be held accountable and may be suspended from attending a future practice, meet and or event or if warranted, the remainder of the season.

PRINT Swimmer's name(s): _____

SIGNATURE of swimmer(s): _____

PRINT parent name(s): _____

SIGNATURE of parent(s): _____



TOWN of BROOKLINE
Massachusetts

CORI ACKNOWLEDGMENT FORM

I am a: (please check one)

- New Hire - Position: _____ Department: _____
- Volunteer - Position: **DOLPHINS SWIM TEAM** Department: **RECREATION**
- Current Employee - Position: _____ Department: _____
- Contractor - Company Name _____

The Town of Brookline is registered under the provisions of M.G.L. c. 6, §172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Town of Brookline to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing The Town of Brookline with written notice of my intent to withdraw consent to a CORI check. For employment, volunteer, and licensing purposes only: The Town of Brookline may conduct subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that The Town of Brookline must first provide me with written notice of this check. By signing below, I provide my consent to a CORI check and affirm that the information provided on this Acknowledgment Form is true and accurate.

New Hire/Employee/Volunteer/Contractor Signature Today's Date

Applicant/Volunteer/Employee/Contractor Information (Please Print)

Last Name: _____ First Name: _____ MI: _____

Current Address: _____ Telephone: _____

Former Address(es): _____

Maiden Name or Alias (if Applicable): _____ Place of Birth: _____

Date of Birth: _____ LAST 6 DIGITS of Social Security Number: _____

Sex: _____ Height: _____ ft. _____ in. Race: _____ Eye Color: _____

State Driver's License Number (Include State) _____ ID Theft Index PIN*: _____

List any other name(s) or dates of birth that appear in DCJIS's database: _____

Mother's Full Maiden Name: _____ Father's Name: _____

*The Identify Theft Index PIN Number is not required and only for those applicants who have been Issued an Identify Theft Index PIN Number by the DCJIS. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

-*For Official Use Only**

I certify that the foregoing person was identified in conformity with Town Policy using the following form of acceptable government-issued identification: Drivers License/ID Passport Military ID

Other ID: (i.e. Government Issued Birth Certificate, List ID Type) _____

Signature of CORI-Authorized Employee: _____ Date: _____

Name and Position of CORI-Authorized Employee: _____