

MEDIA RELEASE AND WAIVER FORM

As part of its summer swimming activities, the BC Summer Swimming Association (“**BCSSA**”), the **Simon Fraser Region** (the “**Region**”) and the **Coquitlam Sharks** (the “**Club**”) often publish photographs, videos, and interviews of BCSSA athletes in their respective promotional materials and on their respective websites. In addition, the BCSSA, the Region and the Club often receive requests from local and provincial media sources to provide basic personal information about BCSSA athletes for inclusion in publications.

As such activities generally involve the disclosure of BCSSA athletes’ personal information, the BCSSA, the Region, and the Club hereby request your consent to the following activities:

1. The taking of photographs, videos or interviews of BCSSA athletes to be published in print, electronically or otherwise by the BCSSA, the Region or the Club in their promotional materials, (including but not limited to brochures, bulletins, programs, flyers, etc.), on their respective websites and in provincial and local media sources (newspapers, websites, etc.); and
2. The disclosure to provincial and local media sources of BCSSA athletes first and last names, gender, age, hometown, enrollment in swimming activities, swimming results and swimming achievements to be published alongside or independently of the photographs, videos or interviews of BCSSA athletes discussed above (collectively, the “**Activities**”).

While BCSSA, the Region and the Club are seeking consent and release in relation to the above Activities, consent is not required with respect to publically available information such as information, photos and videos collected by observation at a public sporting event. Neither BCSSA, the Region nor the Club may restrict such activity at public events.

I have read the above and:

- CONSENT to BCSSA, the Region and the Club collecting and using the personal information of the athlete named below for the Activities and RELEASE BCSSA, the Region, the Club, their respective directors, officers, employees or their agents from any and all liabilities arising from or in any way connected to the Activities.
- DO NOT CONSENT to BCSSA, the Region and the Club collecting and using the personal information of the athlete named below for the Activities and DO NOT RELEASE BCSSA, the Region, the Club, their respective directors, officers, employees or their agents from any and all liabilities arising from or in any way connected to the Activities.

Athlete Signature (if 13 years and older)

Parent Signature (required unless athlete is 19 or over)

Print Name

Print Name

Date

Date

Name of Athlete



COQUITLAM SHARKS PARENT CODE OF CONDUCT

- I will remember that my child plays sport for his or her enjoyment, not mine.
 - I will encourage my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
 - I will teach my child that doing one's best is as important as winning, so that my child will never feel defeated by the outcome of a game or event.
 - I will make my child feel like a winner every time by offering praise for competing fairly and trying hard.
 - I will never to ridicule or yell at my child for making a mistake or losing a competition.
 - I will remember that children learn best by example. I will applaud good players' performance by both my child's team and their opponents.
 - I will never question the official's judgment or honesty in public.
 - I will respect the coaches by voicing my concerns in private. If I cannot resolve my concerns with the coach, I will speak with the appropriate Executive representative.
 - I will respect coaches, all BCSSA members and officials by not make disparaging comments on any social media outlet. If I do have any concerns I will speak with an appropriate Executive representative.
 - I will respect and show appreciation for volunteers who give their time to provide sport activities for my child. I will voice my concerns to the Executive rather than confront the volunteers.
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The BC Summer Swimming Association (BCSSA), of which the Coquitlam Sharks is a member, has a harassment policy. The Coquitlam Sharks abides by and supports this policy.

Harassment incidents will be treated seriously; all incidents must be reported to the Executive. Due consultation will be held with the families involved, the Sharks Executive, the Sharks Coaches, and if necessary the Regional Harassment Officer and the BCSSA. If a parent is found to have mistreated a Sharks' swimmer, diver, water polo player, synchronized swimmer or coach, harassed competitors from another team, or harassed another parent, athlete, volunteer, coach, city staff, or BCSSA official (depending upon the severity of the incident) the parent at fault may be asked to provide a verbal apology or a written apology to be produced in a timely fashion. In extreme cases or in cases of multiple infractions, the family who has caused the harassment will face suspension of their membership or even expulsion from the club. No refund or fees will be granted.

I have read and shall abide by the Coquitlam Sharks Parent Code of Conduct.

Name of Athlete(s): _____

Print Parents/guardians name: _____

Signature of parent/guardian or athlete (if over 18): _____

Date: _____

VOLUNTEER PROGRAM FAMILY COMMITMENT FORM
TO BE FILLED OUT at time of registration

Athlete(s) Name: _____
Parent(s) Name: _____
Phone Numbers: _____
Email(s): _____

SPORT(s) _____

Exempted: MINI Shark Masters Grad (Exec INIT _____)

I have read and understand the “Volunteer Program” available on Coquitlam Sharks web-site.

I prefer to participate in the following option:

1. Committed Volunteer Program 20 Hours during the 2018 Summer Season.

NOTE: No refunds will be given for partially attained hours.

CHEQUE# _____ / CASH _____

Signature _____/(exec) _____

Please date cheque: September 1st, 2018

All completed forms can be given to the Treasurer, dropped in the Volunteer Tracking Form Box at the Concession at Spani Pool, or scanned and emailed to **treasurer@coquitlamsharks.org**

REPORTING FORM Completed **DUE IN Sept 1st**

OR

2. Non-participation in Volunteer Program - \$300.00 cheque dated: May 1st, 2018

I understand that if my Athlete Participates in SF REGIONAL Meet or BCSSA Provincial Championships, I must contribute to the assigned CLUB DUTIES, even if I selected option 2.

CHEQUE# _____ / CASH _____

Signature _____/(exec) _____

FOR OFFICE USE ONLY

COMPLETED FORM RECEIVED: Y / N

Cheque Cashed: Y / N

Volunteer preferences

Please let us know which area of volunteering interests you the most. We cannot guarantee that selected positions will be available, but we'll try to keep your choices in mind. Position descriptions can be found in "Volunteer Program" document, available on Coquitlam Sharks web-site under "Resources".

Parent(s) Name: _____

Phone Numbers: _____

Email(s): _____

General positions

- | | | |
|-----------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Concession | <input type="checkbox"/> Club Canopy Manager | <input type="checkbox"/> Equipment Manager |
| <input type="checkbox"/> Candy bag supplier | <input type="checkbox"/> Club Photographer | <input type="checkbox"/> Technical Resources Team |
| <input type="checkbox"/> Concession volunteer coordinator | <input type="checkbox"/> Social Media Manager | |

Swimming

- | | | |
|----------------------------------------------|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Clerk of the course | <input type="checkbox"/> Runner | <input type="checkbox"/> Tear down after meet |
| <input type="checkbox"/> Marshalling | <input type="checkbox"/> Deck food service | <input type="checkbox"/> Director of officials |
| <input type="checkbox"/> Timer | <input type="checkbox"/> Meet food service | <input type="checkbox"/> Meet Manager |
| <input type="checkbox"/> Stroke & Turn | <input type="checkbox"/> Parking attendant | <input type="checkbox"/> Meet Ref |
| <input type="checkbox"/> Office | <input type="checkbox"/> Setup for meet | <input type="checkbox"/> Volunteer coordinator |
| <input type="checkbox"/> Announcer | | |

Synchro

- | | | |
|-------------------------------------|---------------------------------------------|----------------------------------|
| <input type="checkbox"/> Meet setup | <input type="checkbox"/> Computer assistant | <input type="checkbox"/> Runner |
| <input type="checkbox"/> Announcer | <input type="checkbox"/> Timer | <input type="checkbox"/> Cleanup |
| <input type="checkbox"/> Scoring | | |

Diving

- | | | |
|-------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Meet setup | <input type="checkbox"/> Awards | <input type="checkbox"/> Master recorder |
| <input type="checkbox"/> Runner | <input type="checkbox"/> Score recorder | <input type="checkbox"/> Takedown |
| <input type="checkbox"/> Judging | <input type="checkbox"/> Tallier 1&2 | |

Water polo

- | | | |
|-----------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Canopies | <input type="checkbox"/> Game Clock | <input type="checkbox"/> Setup |
| <input type="checkbox"/> Game Secretary | <input type="checkbox"/> Scorekeeper | <input type="checkbox"/> Takedown |

COQUITLAM SHARKS AQUATIC CLUB Volunteer Hours Record Sheet

It is the responsibility of each family to record their volunteer hours. Please ensure hours are signed by an Executive Member, category or event leader at the time of completion.

Please submit your completed form to the drop box at Spani Pool Concession on or before September 1st, 2018.

Members must complete required volunteer hours or cheques will be cashed

Family Name: _____ **Phone Number:** _____

Names of Registered Athletes: _____

If you are known by different name other than your given name, please note that in brackets (). i.e. Sandra (Sandy).

Date	Job Description	Start/FinishTime	Hours	Category/ Event Leader
Aug	CONCESSION DUTY***			

*****one shift requested by all members in August**

PLEASE DO NOT LOSE THIS SHEET. There will NOT be any other way of confirming your recorded hours. **ADDITIONAL FORMS** are available online at www.coquitlamsharks.org.

Members are encouraged to volunteer more than the minimum 20 hour commitment.

Thank you from the Coquitlam Sharks Executives and athletes for your donation of time.