

Sea Snakes Parent Information Questionnaire

Hello parents and guardians and welcome to our 2024 Sea Snakes Summer Swim season. Please take the time to complete this form for each participant and return it to one of the coaches at your swimmer's practice. **Your swimmer will not be able to compete in a meet until we have the form completed.** The purpose of this form is to help us provide a safe environment for your swimmer and for us to learn how to give them the support that they need.

We do understand that many families have vacations planned or other obligations during the summer. It's okay! If you are going to be away for more than a couple days at a time, please let us know by emailing ewheatle@shepherd.edu.

Swimmer Name: _____ **Age** _____

Emergency Information

Parent/Guardian/Emergency Contact 1: _____ Parent/Guardian/Emergency Contact 2: _____

Contact 1 Phone Number: _____ Contact 2 Phone Number: _____

Medical Information

Does your child have any Mental Health challenges, Behavioral Health challenges or other conditions that we should be aware of?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Auditory Processing Challenges |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Anxiety | |

If your child has a challenge, please let us know how we can best support them:

Does your child have any Physical Health challenges, Injuries or Allergies that we should be aware of?

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Food, Medicine or other Allergies? |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Existing or Recent Injuries |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Seizures | |

If your child has a challenge, please describe and let us know if they have any medication or other support that they need in case of an emergency (Epipen, Inhaler, Practice Modification, etc.):

Personal Information

What do you and your swimmer hope to get out of Sea Snakes this summer? (i.e. Improved conditioning? All Stars? Social/Fun? All answers are valid!)

Is there any additional information that you would like us to have about your swimmer?

Team Information

The Sea Snakes are committed to providing a fun, supportive and challenging environment. Please have your swimmer and yourself review the Codes of Conduct and Policies in the **2024 Summer Parent Handbook** and sign below acknowledging that you have read and understand the expectations of being a member of the Sea Snakes Swim Team.

Swimmer Conduct

- I have read the Swimmer Code of Conduct with my swimmer(s).

Parent Conduct

- I have read the Parent Code of Conduct.

Waiver

- I acknowledge that I signed a Liability Waiver when I registered my swimmer.

Volunteer Agreement

- I agree to support the Sea Snakes by volunteering with a committee and/or filling jobs at swim meets.

If you have any problems this summer, please email Coach Erica - ewheatle@shepherd.edu

Swimmer Signature:

Date: _____

Parent Signature:

Date: _____

Thank you again, we're looking forward to a great season!