



# 2024 Oro Valley Swim Team – Policy Agreement

	Initial Here
I have read and understand the swimmer expectations.	
I have read and understand the parent expectations.	
I have read the Waiver of Liability and Disclaimer/Medical Release and give my consent for my child/children to participate with the Oro Valley Swim Team.	
I understand coaching supervision is limited to the pool deck and swimmers should not be left unattended in the pool vicinity for more than 15 minutes before or after their designated practice time.	
I have read and understand how the team communicates.	
I have read and understand the team policy regarding the use of my swimmer's name and picture.	
I understand that my family will be required to complete 8 volunteer credits, or we will be billed at a rate of \$15/credit that wasn't fulfilled.	
I understand that volunteer credit fees must be paid before registering for the next SAAA season.	
I understand that my swimmer is expected to compete in at least 3 SAAA meets and attend SAAA Championships.	
I understand that there is a non-refundable fee of \$110 per swimmer.	
I understand that once the season begins there are no refunds of team or season fees.	

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_