



**DOLPHINS**  
**SWIM TEAM**

# Caregiver Policies

**Effective January 1, 2023**



[helenadolphins.com](http://helenadolphins.com)

## Introduction

Capital City Health Club (CCHC) and the Helena Dolphins Swim Team (HDST) have an agreement that a caregiver (someone over the age of 18) can assist your swimmer to be dropped off and picked up from swim practice. This is someone who is not linked to the swimmer's CCHC membership.

Please review the expectations HDST and CCHC expect from caregivers who are dropping/picking up a swimmer from practice.

## Sign-in / Sign-out Procedure

- Swimmers must enter with their caregiver through the front doors of CCHC's facility
- Swimmers will scan their membership card at the front desk
- Caregivers - please ask the front desk for the designated folder for the swim team to print and sign the CCHC's waiver sheet
- Caregivers must also sign their swimmer in with the Coach on deck - this is the coach's way for tracking attendance each day on the whiteboard
  - If a Coach is not on deck, please wait for the Coach to be on deck. Swimmers are not allowed to be by themselves on deck unsupervised
- Caregivers must sign out their swimmer with the coach after practice on the whiteboard with the coach

## Facility

- Caregivers are welcome to sit and watch practice. Coaching staff asks caregivers not to interfere with practice
- Caregivers may also sit in the facility lobby
- Caregivers are not allowed to use the facility unless they are a member. If you would like to use the facility please purchase a day pass at the front desk

## Locker Rooms

- HDST requires swimmers to use the family locker rooms during practice
- Swimmers may use the main locker room once they are signed out and picked up by their caregiver. Swimmers under the age of 13 must be accompanied by an adult in the locker rooms.

## Other Helpful Information

- CCHC's Age & Access Requirements by [clicking here](#). (www.capcity.club - on the footer)
- CCHC's Gym Attire Requirements by [clicking here](#). ( www.capcity.club - on the footer)
- HDST's Safe Sport Policies can be found by [clicking here](#). (www.helenadolphins.com)

# Caregiver Form

Please return the caregiver form and liability release identification form to Coach Alana in-person, digitally, or e-mail [alanac@406sportsandaquatics.com](mailto:alanac@406sportsandaquatics.com).

Caregiver First Name: \_\_\_\_\_

Caregiver Last Name: \_\_\_\_\_

Best number to reach in case of an emergency: \_\_\_\_\_

Swimmers that I will be caring for (please list the first and last name of the swimmer and relationship to that swimmer(s):

Swimmer Name	Relationship

## CAREGIVER POLICY RECEIPT ACKNOWLEDGMENT

I, \_\_\_\_\_, have read/received a copy of the Helena Dolphins Swim Team's Caregiver Policy booklet and I understand that it is my responsibility to abide by policies set forth in this booklet and in any team communication. I understand that this booklet and its contents are intended as a set of guidelines and expectations regarding my and my swimmer's involvement at Capital City Health Club and the Helena Dolphins Swim Team. I understand that I have the opportunity to ask questions or seek clarification from the Head Coach regarding the contents of this handbook. This copy is for Capital City Health Club and the Helena Dolphins Swim Team's records.

By signing this I also acknowledge that I am over the age of 18 and understand that failure to follow these procedures may result in my swimmer being suspended from all activities from Capital City Health Club and the Helena Dolphins Swim Team.

\_\_\_\_\_  
Caregiver Signature

\_\_\_\_\_  
Date

# LIABILITY RELEASE AND INDEMNIFICATION FORM

I, \_\_\_\_\_ (legal guardian/caregiver) voluntarily sign this Release of Liability and Assumption of Risk Agreement in favor of \_\_\_\_\_ (swimmers) in consideration for the opportunity to drop off and pick up at Capital City Health Club (1280 N Montana Ave, Helena, MT 59601).

By signing below, the legal guardian/caregiver, hereby waives and releases Capital City Health Club and the Helena Dolphins Swim Team (HDST), its owners, agents, and employees from any liability and/or claim for personal injury, property damage, or death that may arise from dropping and picking up swimmer from the facility regardless of cause. Also by signing, the legal guardian/caregiver accepts total responsibility for any and all injuries or damages of any kind from any reason and it is the legal guardian/caregiver's intention to HOLD HARMLESS the Capital City Health Club and Helena Dolphins Swim Team for any injury sustained by the caregiver/legal guardian or anyone else, regardless of cause, while being present at the above-described facility.

I, the undersigned, acknowledge that I have carefully read this release of liability/assumption of risk and understand its contents. I am aware that by signing this release, I am waiving certain legal rights, including suing Captial City Health Club and the Helena Dolphins Swim Team for any reason.

\_\_\_\_\_  
Signature of Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Caregiver