

Name: \_\_\_\_\_



## Student Member Application Packet

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Splash Pals Adapted Aquatics



## Personal Information

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Gender: M F

Personal Email: \_\_\_\_\_ School Email: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Year in School: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_ Level of Proficiency: \_\_\_\_\_  
(Other than English) (Years Spoken)

Other Clubs & Organizations: \_\_\_\_\_ Time Commitment: \_\_\_\_\_  
(please include leadership roles) (hr/wk)

Will this conflict with the time commitment for Adapted Aquatics? Yes/No \_\_\_\_\_

Are you employed? Yes/No

Will this conflict with the time commitment for Adapted Aquatics? Yes/No

Please categorize your ability to commit to your schools Splash Pals Adapted Aquatics chapter. (mark one)

few times a  
semester

once per  
month

twice per  
month

three times per  
month

every week

How did you hear about Splash Pals Adapted Aquatics? \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
First Last

Contact Phone Number(s): \_\_\_\_\_

Certifications: Lifeguard: \_\_\_\_\_ CPR: \_\_\_\_\_ WSI: \_\_\_\_\_ EMT: \_\_\_\_\_ Paramedic: \_\_\_\_\_ Other: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Splash Pals Adapted Aquatics



## Member Commitment Agreement

To maintain the quality and efficiency of our program, and for our members to gain the most from their experience, an essential requirement is their commitment to serving our mission and abiding by our membership guidelines, as well as any guidelines set forth by their respective Splash Pals chapter.

- All student members of a Splash Pals, Inc. chapter affiliate must become a member of Splash Pals, Inc. to gain member benefits, liability coverage, and to participate in their chapter’s adapted aquatics pool sessions.
- All student members must adhere to and abide by all policies and rules set forth by: the school/institution hosting their Splash Pals chapter affiliate, their Splash Pals chapter affiliate, the facility where the pool sessions are hosted including pool use rules and regulations, and the policies of Splash Pals, Inc.
- All student members must conduct themselves professionally and ethically at all times, while striving to fulfill the Splash Pals mission.
- No student member is allowed to discuss and/or share discriminatory personal information about our participant members to anyone outside of their Splash Pals chapter affiliate program.
- Parents, guardians, and/or caregivers are the only individuals allowed to accompany their child to the restrooms or changing facilities. No student members are allowed to accompany the children to these areas.
- Parents, guardians, and/or caregivers must conduct transfers from wheelchairs to the disability chair lift. Although Splash Pals members are allowed to help, we prefer the parents, guardians, and/or caregivers conduct the transfers themselves as they know the most appropriate method that works the best for their child.
- All student members must attend 1 fundraising event and 1 team building event per semester.
- All student members must maintain a 75% attendance to all of their Splash Pals, Inc. chapter affiliate’s pool sessions.
  - For example, if your chapter hosts weekly pool sessions throughout a 16 week semester, you are allowed to miss 4 pool sessions, or an average of 1 per month.
  - Most Splash Pals chapter affiliate’s do not excuse absences, so be sure to use them wisely. There are 168 hours in a week and only 2 are committed to adapted aquatics pool sessions.
- All student members must respond to an attendance verification text the night before the pool session. Failure to respond to the attendance verification text, and/or canceling their attendance the day of, will count as 1 of their allowed absences for the semester.
- No student member is allowed to verify attendance to a pool session and not show up.
- All student members, under the circumstance they cannot attend, or a situation arises where they may not be able to uphold this commitment, must give their chapter officers reasonable notice and understand it may result in being asked to leave the program.

I \_\_\_\_\_, on the date of \_\_\_\_\_, understand that if I am accepted as a member of Splash Pals, Inc., I will have the opportunity to gain an immeasurable amount of experience by participating in the program, but will also be required, and agree, to abide by all of the above listed policies of this document. I understand that members who break this agreement and are unable to uphold the commitment will be asked to leave the program; however, members who fulfill this agreement will have the opportunity to develop meaningful relationships and take advantage of all of the member benefits Splash Pals, Inc. has to offer.

Full Name: \_\_\_\_\_

Officer Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Splash Pals Adapted Aquatics



## Release and Waiver of Legal Liability

**THIS IS YOUR RELEASE AND WAIVER OF LIABILITY (the “Release”). You individually and/or on the behalf of any minor child or participant, release Splash Pals, Inc. and its officers, volunteers, other participants, undersigned insured parties and/or others acting on its behalf from responsibility under the following terms. You agree that this Release is effective immediately and throughout the transition to Splash Pals, Inc. This is important to you and/or any minor children so do not sign until you have had your questions answered. You provide this Release freely, and without duress under the following terms:**

- 1) **NON-LICENSED MEMBER RELEASE:** I, individually and/or on behalf of any minor child, and/or participant, am aware that Splash Pals, Inc. is an aquatic activity program that is geared towards providing swimming, exercise, social interaction, and play for individuals with disabilities. I understand that the program is not a licensed therapy clinic nor was it designed to be, but is a membership program primarily consisting college students focused on engaging and interacting with the participants.
- 2) **GENERAL RELEASE:** I hereby agree for myself and/or any minor child or participant and our respective heirs, assigns and legal representatives, to indemnify, defend and hold Splash Pals, Inc., and its officers, members, and other participants (“Releases”) in the program harmless from any and all claim and cause of action of any nature for any and all personal injury or illness, including death, which may occur to me and/or my child or which may be aggravated during or by any activity during the course of the program in which I have decided to allow myself and/or any minor child or participant to engage. I further waive any and all claims or causes of action, which I, and/or any child or participant may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child’s participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of Florida and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect
- 3) **ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child or participant, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my Splash Pals, Inc. activities. You assume the risks: I, individually and on behalf of any minor child or participant, understand that Splash Pals, Inc. activities are strenuous and dangerous and should be engaged in only by a person in good health. I understand that I should consult a physician before enrolling myself and/or any minor child or participant in Splash Pals, Inc. programs. Once you sign, you are stating that you understand the risks involved and accept these risks.
- 4) **MEDICAL RELEASE (Participants Only: Section C.):** I, individually and/or on behalf of any minor child or participant, further hereby release Splash Pals, Inc. and its officers, volunteers, other participants and/or others acting on its behalf from any claim whatsoever which may arise as a result of any first aid, treatment, services or assistance provided to me and/or my child in connection with any injury that arises from activities at Splash Pals, Inc. A.) I take full responsibility for me and my child(s) welfare and safety on or at Splash Pals, Inc. activities. B.) I hereby give permission for emergency medical treatment to be administered as deemed appropriate. C.) I hereby agree to return the Swimming for Persons with Disabilities form indicating that I, individually, and/or my child is in adequate condition to participate in the Splash Pals, Inc. program.

**CONTINUED ON NEXT PAGE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Splash Pals Adapted Aquatics

## Release and Waiver of Legal Liability



- 5) **PHOTOGRAPHIC RELEASE:** I, individually, and/or on behalf of any minor child, and/or participant, am aware that Splash Pals, Inc. will be filming and photographing program sessions for educational and promotional purposes. Knowing that all videotaping and photographing is done with professionalism and good taste, I hereby give consent for me, my child, and/or my family member(s) to appear on videotape or in photographs representing the program.
- 6) **DISABILITY PRIVACY RELEASE:** I, individually, and/or on behalf of any minor child, and/or participant, am aware that Splash Pals, Inc. must share the status of participant members' disabilities with its student members. Knowing that all private information is reasonably protected and all Splash Pals, Inc. student members are not allowed to share this information outside of their Splash Pals chapter, I hereby give consent and release Splash Pals, Inc. and its officers, volunteers, other participants and/or others acting on its behalf from any claim whatsoever which may arise as a result of Splash Pals, Inc. and its officers, volunteers, other participants and/or others acting on its behalf sharing personal disability information about myself, and/or any minor child, and/or participant among the program and it's members.

**HAVING READ, UNDERSTOOD, AND ADREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Translator Name

\_\_\_\_\_  
Signature (required if not English speaking)

\_\_\_\_\_  
Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_