

TEAM BEHAVIOUR CONTRACT



Players in the Waikato Water Polo teams will at all times adhere to the instructions of the Team Manager and Coach. No member of the team is permitted to be apart from the team without first having permission from the Manager.

The team uniform must be worn correctly as requested at any time during trips away.

NO SMOKING OR ANY FORM OF ALCOHOL IS PERMITTED

Anyone caught smoking, drinking or being in such a condition that the Manager has a reasonable belief the player has consumed alcohol or illegal drugs will be sent home at their own expense, also for any behaviour deemed to be disruptive to other team members.

Any team member breaking the rules laid down by the Team Management, or any rules of the New Zealand Water Polo Association, must be prepared to appear before the Management Committee of the Waikato Water polo, if called upon to do so.

If a lights out curfew is set by the Manager or Coach it must be adhered to and obeyed. Restrictions on the use of mobile phones, television, stereos or other equipment as set down by the Manager must be obeyed.

I (name) _____
have read the above and agree to be part of the
Waikato Water Polo Team as per these conditions.

Date _____ Player signature _____
*Please ensure that your parents/caregivers have also read and
understood this contract*

Parent/caregiver signature. _____

Waikato Water Polo - Medical Form



The following information is required to assist the team management in the care of all players.

Name: Team: Date:

Are you currently taking any medication? Yes No

If yes, please state

(1) What the medication is for:

.....

(2) Name of medication:

.....

(3) Dosage and time/s to be taken:

.....

(4) Other treatment:

.....

Are you allergic to any medication, food, insect bites/stings or other:

Yes No?

If yes, please state:

(1) The allergy:

(2) The treatment required:

When was your last tetanus injection?

.....

Please outline any dietary requirements:

.....

- I agree to inform team management as soon as possible of any changes in any medical or other information they may require.
- I agree to receive any emergency medical, dental or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.
- I agree that any medical costs not covered by ACC or a community service card will be paid by me and that I will provide anything necessary for an ongoing (not occurring at a tournament) injury.



EMERGENCY CONTACT DETAILS for.....
(Name of Player)

(1) Name: (Parent / Caregiver / Other).....

Address:.....

.....

Phone: Home -..... Work..... Mobile.....

(2) Name: (Parent / Caregiver / Other).....

Address:.....

.....

Phone: Home -..... Work..... Mobile.....

If parents/caregivers would like to discuss any aspect of this form or would prefer to provide other details personally then please contact the team manager.

I have understood the necessity of obtaining this information and agree it is only for the use of the management of the team I have been selected for.

Please sign below.

Player: _____ Parents/Caregiver: _____

