

Policy - Member Duty of Care

Title: Use of Prescription Swimming Goggles

1. Document Control

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2. Purpose

The policy establishes the use of medically prescribed Swimming goggles in competitions across New South Wales

3. Scope

This policy applies to Water Polo NSW Inc. and its Members

4. Background

Water Polo NSW is an inclusive sport and encourages all to participate in the sport. This policy defines requirements for athletes requiring medical devices to assist eyesight.

5. Definitions

Water Polo NSW Inc

WPNSW

6. Related Documents

BS 5883 (1996)
Sport New South Wales

Specification for Surface Swimming Goggles
Office of Disability Inclusion

7. Policy

WPNSW actively encourages all athletes to participate in the sport of Water Polo. Athletes who require the use of medically prescribed eye may participate.

An athlete who requires prescription eye wear must:

- Provide a Player / Parent Waiver (Annex 1)
- Provide a Coach's Agreement (Annex 1)
- Provide a Medical Certificate

Annex 1

Activity Waiver Release – Prescription Goggles

This activity release waiver is dated for [add date] , between:

[Participant's Name]

[Age]

[Participants Team Name]

and

Water Polo NSW of 8 Parkview Drive

Details of Activity:

The Participant will participate in matches in [add competition] wearing medically prescribed goggles.

Participant/Parental/Guardian Agreement:

The Participant/Parent/Guardian hereby acknowledges that they are undergoing an activity which may increase their chances of injury whilst participating in water polo.

The Participant/Parent/Guardian understands that by signing this agreement, the Participant agrees to waiver all claims against Water Polo NSW for any property loss or personal injury that occurs during participating in the prescribed activity.

The Participant/Parent/Guardian acknowledges the following criteria must always be met to ensure they can participate:

- The goggles must be for medical reasons only
- The goggles must meet Australian standards BS5883(1996) and comply with Australian law.

Prescription goggles which do not meet these standards must not be worn at any time during participation.

Participant's Signature

Date

Participant's Name

DOB

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)

Coaches Agreement:

The Coach hereby acknowledges that the participant is undergoing an activity which may increase their chances of injury whilst participating in water polo. The coach is aware of the risk and acknowledges they should have a contingency plan in place in order to mitigate the risk and manage the situation.

The Coach understands that have a duty of care to the player and agrees not to place the player at adverse risk during the game. The Coach acknowledges that the Participant has been selected based off their skill level and is of a suitable standard for the prescribed level of competition. The Participant is not at increased risk of being under skilled.

Coach's Signature

Date

Coach's Name