# ROCKHAMPTON WATER POLO ASSOCIATION

# COACH and MANAGER’S POST-TOURNAMENT REPORT

Please submit this completed report to the executive committee within one week of your team’s return by emailing it to [rockhamptonwaterpolo@gmail.com](mailto:rockhamptonwaterpolo@gmail.com)

Team (Male / Female and age group): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tournament location and dates (inclusive of travel): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did any players experience any medical issues or sustain injuries during the trip? (Yes/No)

* If yes, describe what action was taken and the health of the athlete by the end of the trip.

|  |
| --- |
|  |
|  |
|  |

2. Did any players violate aspects of the team traveling policy? (Yes/No)

* If yes, describe violations and the action taken as a result.

|  |
| --- |
|  |
|  |

3. Were there any unexpected costs which arose on the trip which the association/players will need to cover?

(Yes/No) If yes, explain the reasons for these costs.

|  |
| --- |
|  |
|  |

1. Did the manager and/or coach leave the team at any point in the trip due to pre-arranged or emergency

circumstances? (Yes/No)

* If yes, please list dates and times of absence along with the name/s of the alternative chaperones who supervised the athletes during these times.

|  |
| --- |
|  |
|  |
|  |

5. Do you have any further comments about the trip and/or conduct of participants?

|  |
| --- |
|  |
|  |

Coach signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Date: