TIDE SWIMMING

Authorization to Treat a Minor and Permission to Participate in Swim Team Activities

The minor whose name is listed below has my (our) permission to participate in the activities of TIDE SWIMMING. The undersigned agrees to hold TIDE SWIMMING, its officers, directors, agents, employees, and volunteers harmless from any claim for injury to the below-named minor arising out of or in any way connected with swim team activities.

I (we) the undersigned parent, parents or legal guardian of _______, a minor ("Minor"), do hereby authorize and consent to TIDE SWIMMING obtaining for Minor any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital or emergency care ("Medical Care") to be rendered to the Minor. It is understood that this authorization is given in advance of any specific Medical Care being required, except as expressly limited below, and is given to provide authority to render Medical Care which a physician, surgeon or dentist in the exercise of his/her best judgment may deem advisable. It is understood that TIDE SWIMMING shall make reasonable efforts to contact the undersigned at the telephone numbers listed below prior to authorizing treatment of Minor, but that any of the above treatment will not be withheld if the undersigned cannot be reached, or in case of extreme emergency. It is further understood that I (we) the undersigned are responsible for all charges for the above mentioned Medical Care, and I (we) expressly hold TIDE SWIMMING harmless from and against any and all liability for said Medical Care and/or for any and all charges for said Medical Care.

Date	Limitations (if any)		
Signature (Fathe	er, Mother, or Legal Guardian)		
Address			
	SHALL REMAIN EFFECTIVE UNT (DATE), WHICHEVER IS SO	L MEMBERSHIP IS TERMINATED OR ON ONER	
MINOR'S MEDI	CAL INFORMATION		
Birthdate	Last Tetanus	Last Tetanus Booster	
Known Allergies	to Drugs or Foods		
Special Medicat	ions or Other Information		
TELEPHONE N	UMBERS		
Father's Name_		(best phone number)	
Mother's Name_		_ (best phone number)	
Family Physicia	Name & Telephone		
Insurance Comp	any Name & Policy Number		
EMERGENCY C	CONTACT		
Name (First & La	ast)	_ Relation to Minor	
Phone (Home)		(Work)	

TIDE SWIMMING CODE OF CONDUCT

Note: This Code of Conduct MUST be read and signed BEFORE any swimmer will be allowed to take part in team travel. By signing below, an acknowledgement of the contents of this Code of Conduct is made and that the swimmer agrees to abide by the same. CODE OF CONDUCT

I, the undersigned athlete, participating in training and competitions with TIDE SWIMMING, understand and agree to comply with the below-listed guidelines as set forth by TIDE SWIMMING. The Head Coach may establish any additional guidelines as needed.

General Behavior

- 1. The transportation, possession or use of alcohol, tobacco products, or illegal drugs by any team member is prohibited.
- 2. TIDE swimmers will display proper respect and sportsmanship toward coaches, officials, administrators, competitors, teammates and the public to include both their person and their property.
- 3. Illegal or inappropriate behavior that will reflect negatively on TIDE SWIMMING or be detrimental to performance objectives will not be tolerated.

Travel Behavior

- 1. No athlete will travel when any illness is evident to the parents or coaching staff.
- 2. Curfews established by the staff will be adhered to each day.
- 3. Unless otherwise excused or instructed by a coach, participants in a team trip will attend all team functions (on time), to include meetings, practices, and any other team-sanctioned event.
- 4. There will be no male athletes in female athletes' rooms and no female athletes in male athletes' rooms.
- 5. Any additional guidelines will come from the staff as needed.

IMPLEMENTATION

- 1. Failure to comply with these guidelines will subject the swimmer to discipline, up to and including suspension and/or dismissal from the TIDE SWIMMING program.
- 2. If any failure to comply with these guidelines occurs during a travel trip, the swimmer may be sent home at the swimmer's expense.

Participant's Signature

Date

FOR ATHLETES OF MINORITY AGE (under the age of 18): This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned conditions and their consequences.

Rules for Team Travel

All swimmers must abide by the rules for team travel. The decisions of coaches/chaperones are final.

Safety

- a. Swimmers must stay with the team at all times and attend all team functions
- b. Respect the privacy of each other
- c. Passengers must wear seat belts and remain seated in vehicles

Behavior

- a. Swimmer and parent must sign TIDE Code of Conduct
- b. Remember you represent TIDE Swimming at the pool, in the hotel, and while out for meals or recreation
- c. Be respectful of teammates and other hotel guests by keeping voices down and not running in the hallways
- d. Be prompt and on time to all team gatherings
- e. Cell phones: After lights out, cell phones should be used for alarm clocks and emergency purposes ONLY. All other use is prohibited.
- f. Social media should be used responsibly and with discretion
- g. Respect travel vehicles: no littering in vans
- h. Swimmers must follow dress code for meet sessions
- i. Use appropriate behavior in public facilities you represent TIDE Swimming at all times
- j. Obey curfews in own rooms and lights out
- k. Must stay in assigned hotel room
- I. No male athletes in female athletes' rooms; no female athletes in male athletes' rooms
- m. Needs and well being of the team come first

Hotel / Financial

- a. No ordering from room service
- b. No pay TV movies or games
- c. No ordering services (e.g., premium WiFi) that are charged to rooms
- d. Swimmers are responsible for all incidental charges
- e. Swimmers will not damage or remove (steal) hotel property
- f. Swimmers must participate in all contracted group meals

I have read and agree to abide by these rules.

Signature of Swimmer

Date