



CODE OF CONDUCT

- I. The following provisions pertain to practices, meets, meetings and social activities where swimmers represent the Lawrence Aquahawks.
 - A. Swimmers shall exhibit good sportsmanship, in and out of the pool.
 - B. Swimmers shall follow rules during practices, meets, and team events.
 - C. While attending meets, swimmers shall abide by the curfews and instructions given to them by coaches, officials, and chaperones,
 - D. Swimmers shall show respect for all property.
 - E. Swimmers shall behave in a responsible manner and are prohibited from possession or use of alcohol, tobacco, illegal drugs, or banned substances.

- II. Failure to comply with this Code of Conduct will result in any or all of the following disciplinary actions.
 - A. A swimmer may not be allowed to participate in any or all practices, meets, social activities, or meeting.
 - B. A swimmer may be sent home from a meet at the expense of the swimmer and/or their family.
 - C. A swimmer and/or their family will be responsible for any damage caused by the swimmer.
 - D. A swimmer may be suspended from membership in USA Swimming.

- III. The Board of Directors is responsible for reviewing a written summary of alleged violations of the Code of Conduct, as well as any disciplinary actions that have been and/or may be taken.

I agree to abide by the Code of Conduct for Lawrence Aquahawks swimmers. I understand that if I violate any of the provisions outlined in part I above that I will subject to the disciplinary actions outlined in part II above.

(Signature of swimmer)

(Signature of parent)

Name of swimmer (please print)

Name of parent (please print)

Date: _____

Date: _____

PERMISSION AND RELEASE FORM

I hereby give my permission for _____ to accompany the Lawrence Aquahawks team to all activities in 200___. I further waive all claim for injury, accident, or liability of any kind for the above-named swimmer, and in case of an accident or injury in any way resulting directly or indirectly from participation in such program, hold harmless from any liability therefore the Lawrence Aquahawks, its officers, coaches, chaperones, managers or any other person or persons in any way connected or associated with the program.

Furthermore, in case of emergency medical attention, which may be required, I authorize the adult coaches, chaperones, and /or other adults traveling in an official capacity with the team to act for me according to their best judgment and ability.

Date: _____ Signed: _____

Medical Information:

List any medications and dosage the swimmer is now taking

Pre-existing conditions (asthma, epilepsy, etc.):

Allergies (including medications):

Other pertinent information the coach should know about:

Home physician's name: _____

Phone Number: _____

Parent(s) Names: _____

Phone Numbers: _____