



“Together Perpetuating Excellence”

STINGRAYS Athlete’s Code of Conduct

You are a unique athlete who travels to meets and spends a lot of time representing Stingrays; even when *not* swimming. You not only represent Stingrays, you represent yourself and your family. We always behave so that other teams wish to return to our meets and also invite us back to theirs.

The disciplinary actions taken with regard to violations of this Code of Conduct are at the discretion of the Coaching Staff. They may include, but are not limited to:

- Meet/ Practice Suspensions
- Team Suspensions
- Return Home from Team Trip (at Parent’s expense)
- Team Activities Suspensions

As such:

1. ALL Swimmers are expected to follow the Code of Conduct and directions of the Staff/ Chaperones (where applicable.)
2. The possession of any non-prescribed and/or restricted substances (eg. Tobacco products, alcohol, illicit drugs) is absolutely forbidden.
3. Swimmers are prohibited from Public Displays of Affection.
4. Swimmers are prohibited from possessing any improper media at Team Functions. These include, but are certainly not limited to, CD’s/ Music with parental warnings or improper material, R-rated movies and/ or magazines/ pictures. The Staff, upon incident, has complete arbitration on the material in question and will take the matter up with the Parents.
5. ALL swimmers will behave with the utmost Respect for other swimmers, teams and facilities. This includes adhering to ALL curfews.
6. All required forms and monies are to be turned in on time, before said travel trip(s) in order to attend. Any exceptions to this rule are to taken up with the Head Coach in advance of the travel date. There are no refunds for trip expenses unless all expenses are met. (Many meets require a minimum to travel.)
7. Swimmers must remain with the team for all Team Activities for the duration of the trip, unless granted permission from the Head-Trip Coach after confirming said exceptions with parent(s). This includes returning from a Team Trip with parents and not with the Team.

Parents/guardians, you and your athletes have read and understand the above guidelines and agree to the conditions within this document. In addition, the trip staff will need the permission of the parents/guardians on the following items:

- | | | |
|-----------------------|--------------|-----------------|
| a. PG Movies | APPROVE_____ | DISAPPROVE_____ |
| b. Aspirin/ Ibuprofen | APPROVE_____ | DISAPPROVE_____ |

Athletes Name: (PRINT) _____ Parents Name: (PRINT) _____

(Signature) _____



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MEDICAL CARE AUTHORIZATION

PARENT or GUARDIAN'S NAME: _____

ADDRESS:

CITY: _____ **GA Zip** _____

E-Mail: _____

Phone: Home _____ **Cell** _____

CHILD'S NAME: _____

BIRTHDATE: _____ **AGE:** _____ **SEX: Male** _____ **Female** _____

Significant medical history (allergies, injuries, surgeries, asthma, bee-stings, diabetes, diseases, etc.)

Medications currently being used _____

Insurance Coverage: Company Group Name _____

Contact Number _____

Name & Number
Personal Physician: _____

Name & Number
Dentist: _____

SIGNATURE: _____ **Date:** _____
(PARTICIPANT)

SIGNATURE: _____ **Date:** _____
(PARENT/ GUARDIAN)

***Must be filled out completely. Use separate sheet if needed**