**Wave Swimming**

**CODE OF CONDUCT**

As an authorized representative of Wave Swimming, the North Carolina Swimming LSC, and USA Swimming, I will comply with the following guidelines.

1. The possession or use of alcohol, tobacco products or controlled substances by any athlete is prohibited.
2. Curfews established by the coach(es) will be adhered to each day.
3. Travel Team members and staff will attend all team functions including meetings, warm-ups, practices, competitions, meals, etc., unless otherwise excused or instructed by the coach of record.
4. To ensure the propriety of the athletes and to protect the staff, there will be no male athletes in female athletes’ rooms, and no female athletes in male athletes’ rooms.
5. Travel Team members and staff will refrain from any illegal or inappropriate behavior that would detract from a positive image of the Wave Swimming, the North Carolina swimming LSC. or USA Swimming or be detrimental to its performance objectives.
6. Travel Team members will display proper respect and sportsmanship toward all coaches, officials, administrators, fellow competitors and the public.
7. Any additional guidelines for the team will be established as needed by the coach of record.

# IMPLEMENTATION

1. Your signature of the document constitutes unconditional agreement to comply with the Wave Swimming Code of Conduct.
2. Failure to comply with the Code of Conduct as set forth in this document may result in disciplinary action.

Such discipline may include, but not be limited to:

1. Dismissal from the team and immediate return home (at the parents expense);
2. Disqualification from one or more events, or all events of competition;
3. Disqualification from future Wave Swimming travel trips.
4. Financial penalties (return from meet, lost entries, etc.)

The undersigned has read and understands the terms of this agreement.

Name (*please print)* Date

Signature Date

Event (Travel trip, Training trip, Zone Meet, camp, etc)

Parent Signature (If athlete is under 18) Date

**Medical Release Form 2015-2016**

Name of Swimmer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Wave Swimming Travel Team.  If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (NAME OF THE SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM.  IN CASE OF INJURY, I HEREBY GIVE THE WAVE SWIMMING AND IT’S COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY.  I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY.  I ABSOLVE WAVE SWIMMING AND IT’S COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD

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

Participant Signature (if over the age of 18)        Parent/Guardian Signature:

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

Home Phone:                                                   Parents Daytime Phone:

If parents are not available, please call the person designated below:

Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc…...which may be needed in rendering medical treatment:

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

Parent/Guardian Insurance Information:

Company Name:                                                       Policy #:

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

Address                                                                     Phone:

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