

TG ATHLETE'S CODE OF CONDUCT/MEDICAL RELEASE FOR TEAM TRAVEL MEETS

The Team Greenville coaching staff and chaperones wish all of our traveling swimmers a safe and enjoyable trip. To ensure that this goal is met, we require all who are traveling with us and in our care to understand and abide by this code of conduct. Team Greenville follows all required and recommended USA Swimming policies for travel outlined in this document:

<https://www.usaswimming.org/docs/default-source/rules-regulations/2019-rulebook.pdf> (page 94-97)

I will be respectful toward all coaches and chaperones and follow their directions and policies at all times. This includes but is not limited to: room rules and assignment, curfew, lights out, trip itinerary, and times, etc. Failure to do so will result in disciplinary action and may result in loss of future travel privileges.

I understand that as a representative of Team Greenville I am expected to conduct myself in a responsible, safe, and courteous manner at all times. I will respect the rights of others and behave in a quiet and orderly manner in the hotel, at meals, and in all public places. When in a public place (mall, movies, etc) I shall stay in a group of three or more. For safety all hotel doors will be kept locked. Boys and girls are not allowed in rooms with the opposite sex unless the coach calls a team meeting.

I understand that illegal behavior including; theft, vandalism, possession of alcohol or other illegal substances, disorderly conduct, weapon possession, etc. is forbidden. Violation may result in: termination from team membership, being sent home immediately at the parent's expense, loss of future travel privileges, or removal from one or more events at the meet. Family is financially responsible for any damages.

I understand and agree to abide by this code of conduct and posted Team Greenville and USA Swimming travel and honor policies.

Name _____ Signature _____ Date _____

Parent Signature _____ Date _____

I, _____, Parent or legal guardian of _____, a minor child, hereby authorize any Medical or Surgical treatment that may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I agree to hold the physician or hospital treating the above mentioned minor harmless. I also give the hospital permission to release information to my insurance company(s) and give them permission to collect payment from said insurance company(s).

Allergies _____

Medication currently taking _____

Regular Physician _____ Phone No. _____

Home address _____ Home Phone _____

Father's name _____

Employer _____ Work Phone _____

Insurance Co. _____ ID No. _____

Mother's Name _____

Employer _____ Work Phone _____

Insurance Co. _____ ID No. _____

Emergency contact person _____ Relationship _____ Phone _____

Signature of Parent/Legal Guardian _____ Date _____

_____ (initial here) I hereby grant permission for this swimmer to travel alone with the coach or chaperone if necessary.