PHOENIX SWIM CLUB
Competition Code of Conduct & Team Travel Policies

1) All swimmers and chaperones traveling with the team are expected to know all travel/meeting schedules and strictly adhere to them. Coaches will establish warm-up times and other team related timetables as needed. Being prompt is essential to a successful travel meet.
2) All team members are reminded that when traveling on trips, competing in meets and attending other related functions, you are representing both yourself and the Phoenix Swim Club program. Your behavior must positively reflect the high standards of the club. Your personal appearance shall be neat and appropriate at all times.
3) Rooms and travel vehicles are to be treated with respect and kept neat. Belongings should be kept together and all trash deposited appropriately. Any damage to rooms or vehicles will be the responsibility of the parties involved and may result in being sent home early from a trip.
4) All swimmer are to remain in their own (or assigned) seats during travel.
5) All swimmers are expected to strictly adhere to the curfew established by the coaching staff. At the curfew time, lights, TV's and music must be turned off. No talking is permitted. Adequate rest is essential for a successful trip.
6) In general, boys are not allowed in the girls' hotel rooms, nor are girls allowed in boys' rooms unless a chaperone/coach is present or unless a chaperone/coach has granted special permission (i.e. team meetings, eating, etc.)
7) Swimmers are to refrain from inappropriate language, gestures, or physical contact at any time during the meet/trip. Swimmers are a reflection of the program and will act in an appropriate and exemplary manner. Proper respect for peers, coaches, parent, chaperones, meet officials, hotel/restaurant personnel, etc., will be expected at all times.
8) Swimmers are expected to stay with the team at all times unless excused by a coach.
9) Absolutely no alcohol, tobacco products or illegal substances are permitted on any trip from start to finish.

Violation of these rules will result in disciplinary action, including the possibility of being sent home from the meet at the expense of the swimmer's family.

I understand the Code of Conduct & Team Travel Policies and agree to abide by them.

Swimmer's Signature: _____ Date _____

Parent's Signature: _____ Date _____

PHOENIX SWIM CLUB
Parents/Guardians Permission & Emergency Medical Form

I (we) the undersigned parent(s) (the "Parent" herein) or legal guardian(s) (the "Guardian") of _____ _____, a minor (the "Minor" herein), hereby authorize _____, who is/are employee(s) or volunteer(s) agent(s) of Phoenix Swim Club, (the "Agent" herein) on behalf of the Minor and in the place, name and stead of the Parent or Guardian, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the Minor under the general or special supervision and upon the advice, of a physician and/or surgeon licensed under the provisions of the state we are visiting, or to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the Minor by a dentist licensed under the provisions of the state we are visiting. I further authorize any health facility we are visiting to surrender the physical custody of the Minor to the Agent named above after treatment. Further, I expressly authorize the Agent to receive on behalf of the Parent, Guardian and Minor any medical information and records created by any health care provider or health facility in the performance of any medical or dental services to and for the benefit of the Minor.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to the Agent to authorize the rendering care to the Minor which the physician, surgeon or dentist, in the exercise of his or her best professional judgment, may deem advisable. It is understood that reasonable efforts shall be made to contact the Parent or Guardian prior to rendering treatment to the Minor, but that no treatment will be withheld if the Parent or Guardian cannot be reached within the time period in which it is in the best interests of the Minor to render treatment, or the circumstances require the immediate provision of treatment which cannot wait while communication with the Parent or Guardian is attempted. "Reasonable efforts" to contact the Parent of Guardian shall include phone calls and text messages to numbers given below in this Form, and emails sent by phone, if possible, if an email address is given below. However, the Parent or Guardian expressly authorize the Agent to authorize and consent to the provision of medical services if no answer is received to any such communication within.

In addition, I also authorize the Agent to be able to administer over the counter medications, i.e. Tylenol, Advil, cough medications, anti-diarrheal, etc. as needed by a Minor.

List any restrictions: _____
_____
_____

_____ _____
Date Signature of Parent(s) or Legal Guardian

_____
Address City State Zip

This consent shall remain effective for one year from the date this Permission is executed by the Parent or Guardian.

INFORMATION CONCERNING MINOR

Name: _____ Nickname:_____
Birthdate: _____ Last Tetanus-Toxoid Booster: _____
Blood Type _____ (if known)
Any Special Medications, Physical, Mental or Dietary restrictions or other Pertinent Information _____
_____
_____

Parent or Guardian Information:
Name(s)_____
Address: _____
Preferred Contact Phone: _____
Cell Phone: _____Cell Phone:_____
Email: _____ Email: _____

If Parent or Guardian Cannot Be Reached, Contact: _____

RELATIONSHIP: _____
Contact Numbers:_____

Family Physician: _____
Address _____Phone: _____
Family Dentist: _____ Phone: _____
Insurance Co. _____
Policy #_____ Group # _____
*****Please include copy of the front and back of Insurance Card.*****

List allergies :to medications(LIST) _____
:to bee stings? Yes ____ No ___
:to Plants(LIST) _____
:to foods (LIST)_____
Will the Minor require any regularly scheduled medication during any event? Yes ____ No ____
If yes, name of medicine:
Dosage/frequency:
Minor administers? Yes ____ No ____ Needs Help ____
Adult administers? Yes ____ No ____

I understand that my child will or may be exposed to, in proximity to, or encounter any and all natural elements, weather conditions, natural disasters; mechanical elements including but not limited to automobiles, airplanes, equipment, amusement rides, man-made objects of any kind; and people who may not act in a safe manner. Any of these elements, alone or in combination with any other such elements, could result in, lead to, cause or contribute to serious danger, sickness, injury, fear or other physical and/or psychological problem, some foreseen, and most not. I understand that the Agents supervising the event are not licensed health care professionals (doctors, nurses, paramedics, etc.); are not trained in CPR or other first aid techniques; and further cannot control all activities or actions of the Minor or others participating in the event, or with whom the Minor may come in contact with at or around the event. Neither **Phoenix Swim Club** nor any of its Agents can nor will ensure the safety, health, or welfare of the Minor.

_____ _____
Signature of Parent or Guardian Print Name
Dated: _____ _____, 2015

_____ _____
Signature of Parent or Guardian Print Name
Dated: _____ _____, 2015