



SOUTH SHORE SAILS



## **SOUTH SHORE SAILS REGISTRATION AGREEMENT**

### **Please fill out and return the following:**

- 1) Medical Information and Emergency Release Page w/ signature (one per swimmer)
- 2) Registration Information Page
- 3) Direct Debit Form (For non-members of the Fitness Center at South Shore)
- 4) Release of Liability Page w/ signature (one per swimmer)
- 5) Team Policies & Code of Conduct Acknowledgement

**\*\*ALL Sails athletes must register with USA Swimming for insurance purposes. New athletes will be emailed a link to complete USA Swimming registration, returning athletes must renew their registration by 11/30/2024.\*\***

### **Please include the following payment:**

- 1) Annual Team Registration Fee of \$130 per athlete is due at time of joining. Payable by check to: **The Fitness Center at South Shore Harbour.**
- 2) First month's dues must be paid by check at time of joining, direct debit begins Oct. 1st.

### **Monthly dues and meet entry fees:**

- 1) Monthly dues vary by practice group, and are listed in this packet.
- 2) Members of the Fitness Center at South Shore Harbour receive discounted monthly dues.
- 3) Monthly dues and meet entry fees are billed to your fitness center account for Fitness Center members. Non Fitness Center member monthly charges must be paid by direct debit from either a checking account or credit card

**Please return all forms and a check for registration fees made payable to:**  
**[The Fitness Center at South Shore Harbour](#)**

**Welcome to the South Shore Sails!**

**Shawn Squires**  
**Head Coach**  
**(281) 334-2560**

**[southshoresails@southshorefitness.com](mailto:southshoresails@southshorefitness.com)**  
**[www.southshoresails.com](http://www.southshoresails.com)**

## MEDICAL INFORMATION & EMERGENCY RELEASE –

Swimmer's Name \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)

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

2. Aside from yourselves, (the parents of the Swimmer), please indicate (in order), those individuals that you would like the coaches to contact should there be an emergency involving your child:

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

\*\*\*\*\*

I (we) hereby give our permission for \_\_\_\_\_ to participate in practice and travel when necessary, with the SOUTH SHORE SAILS to local and out-of-town meets throughout the current swim season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of SSS nor any chaperone or volunteer working with or traveling with the group personally liable for any accident, which may occur.

In case of a minor emergency (cuts, scratches, headache, etc.), I (we) give permission to the coaches or chaperones to treat these, as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the chaperones or coaches of SSS until I am able to be contacted.

### TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Permission is hereby granted for you at the discretion of the coaches or chaperons of SSS to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

### INSURANCE INFORMATION (**must be complete**)

Subscriber's Name (parent): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

ID # \_\_\_\_\_

Group # \_\_\_\_\_

Insurance Coverage (i.e. medical, dental): \_\_\_\_\_

Insurance authorization phone number: \_\_\_\_\_

Preferred local hospital: \_\_\_\_\_

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**

REGISTRATION AGREEMENT 2024/2025 Short Course & Long Course Season

I. REGISTRATION INFORMATION

☐ Fitness Center Member ☐ Non-Member Parent D.O.B.: \_\_\_\_\_ Member #: \_\_\_\_\_ (Office Use)

FAMILY NAME:

\_\_\_\_\_  
Last Mother Father

ADDRESS:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip E-mail Address

PHONE:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Home Father's Work Mother's Work Cell Phone

SWIMMER #1

NAME \_\_\_\_\_  
Last First

NICKNAME: \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_  
Middle

AGE: \_\_\_\_ T-shirt Size: \_\_\_\_ ☐ Returning ☐ New (Please check one) GENDER: ☐ Female ☐ Male

SWIMMER'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

GRAD YR: \_\_\_\_\_

Swimmer #1 Team Level Assignment: \_\_\_\_\_ (for coach/office use only)

SWIMMER #2

NAME \_\_\_\_\_  
Last First

NICKNAME: \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_  
Middle

AGE: \_\_\_\_ T-shirt Size: \_\_\_\_ ☐ Returning ☐ New (Please check one) GENDER: ☐ Female ☐ Male

SWIMMER'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

GRAD YR: \_\_\_\_\_

Swimmer #2 Team Level Assignment: \_\_\_\_\_ (for coach/office use only)

SWIMMER #3

NAME \_\_\_\_\_  
Last T-shirt Size: \_\_\_\_ First

NICKNAME: \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_  
Middle

AGE: \_\_\_\_ T-shirt Size: \_\_\_\_ ☐ Returning ☐ New (Please check one) GENDER: ☐ Female ☐ Male

SWIMMER'S SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

GRAD YR: \_\_\_\_\_

Swimmer #3 Team Level Assignment: \_\_\_\_\_ (for coach/office use only)

**Non-Members of The Fitness Center at South Shore**  
**Authorization Agreement for Automatic Deposit/Debit**

I (we) \_\_\_\_\_ hereby authorize The Fitness Center At South Shore Harbour, hereinafter called Company, to initiate credit/debit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) **Credit/Debit Card** \_\_\_\_\_ **Checking** \_\_\_\_\_ **Savings** \_\_\_\_\_ (select one) indicated below and the depository name below, hereinafter called Depository, to credit and or debit the same to such account.

If using a checking or savings account, we must have a VOIDED check

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Bank Name

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Account #

--

Routing #

If using a credit/debit card, check card type below

☐ **Visa**   ☐ **MasterCard**   ☐ **Discover**

Card #	Expiration Date
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Card #

--

Expiration Date

--

Full Name (as it appears on card)

--

Billing Address

City

State

Zip

I (we) \_\_\_\_\_, agree for the debit above to be used for swim team monthly dues. I (we) understand that if my swimmer(s) level changes, my automatic draft amount will change to the new levels dues amount. I understand that it is my responsibility to keep track of all swim dues/charges.

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**Signed**

**Date**

I (we) \_\_\_\_\_ hereby authorize The Fitness Center At South Shore Harbour, hereinafter called Company, to charge all swim team fees and dues to the account listed above, until I (we) terminate, in writing this request. I (we) understand that (I) we will not be contacted each time these charges take effect, and it is my (our) responsibility to know what each individual swim meet fee will be.

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**Signed**

**Date**

### INFORMED CONSENT AND ASSUMPTION OF THE RISK:

By signing this Agreement, I admit that I am considering voluntarily participating in fitness programs sponsored by THE FITNESS CENTER AT SOUTH SHORE HARBOUR, which may include, but not necessarily be limited to, Boot Camp, TFCX, Extreme Cycling, and other exercise programs which may involve strenuous effort. I am FULLY aware that the fitness programs/classes which THE FITNESS CENTER AT SOUTH SHORE HARBOUR offers and in which I, the undersigned, desire to participate in are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I, the undersigned, recognize and understand that the programs/classes are not without varying degrees of risk which may include, but are not limited to, the following: Injury to the musculoskeletal and/or cardio respiratory systems which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment, or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in programs/classes offered by THE FITNESS CENTER AT SOUTH SHORE HARBOUR. I also accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program.

I hereby certify that either (i) I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by, offered by, or endorsed by THE FITNESS CENTER AT SOUTH SHORE HARBOUR or (ii) if, to my knowledge, any medical conditions exist as of the date of this agreement or subsequent to the same, I assume and understand any increased physical risk resulting from said condition for any activity at THE FITNESS CENTER AT SOUTH SHORE HARBOUR. THE FITNESS CENTER AT SOUTH SHORE HARBOUR informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. THE FITNESS CENTER AT SOUTH SHORE HARBOUR informed me that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my FULL understanding of the above information, I agree to assume any and all risk associated with my participation in THE FITNESS CENTER AT SOUTH SHORE HARBOUR fitness programs/classes.

### RELEASE AND INDEMNIFICATION:

**I UNDERSTAND THAT I WILL WAIVE IMPORTANT RIGHTS IF I ACCEPT THESE TERMS. I HAVE READ THE TERMS OF THIS RELEASE CAREFULLY BEFORE SIGNIFYING MY ACCEPTANCE.**

In full consideration of the above-mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by THE FITNESS CENTER AT SOUTH SHORE HARBOUR, and with my full understanding of all of the above, I hereby **WAIVE, RELEASE, REMISE, DISCHARGE, DEFEND AND INDEMNIFY THE FITNESS CENTER AT SOUTH SHORE HARBOUR, 1859-Historic Hotels, Ltd., American National Insurance Company and their respective agents, owners, officers, directors, principals, employees, property managers and volunteers ("Released Parties")** of any and all liability, claims, demands, action or rights of action, or damages of any kind related to, arising from, or in any way connected with my participation in THE FITNESS CENTER AT SOUTH SHORE HARBOUR fitness programs, classes or activities, whether individually or in an organized group, including any liability, claims, demands, action or rights of action, or damages allegedly attributed to the negligence of the Released Parties.

**IT IS MY INTENTION TO RELEASE AND EXEMPT THE RELEASED PARTIES FROM ANY AND ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THE STRICT LIABILITY OR NEGLIGENCE, INCLUDING THE JOINT OR CONCURRENT NEGLIGENCE OF THE RELEASED PARTIES, ANY MEDICAL PROVIDER OR ANY OTHER THIRD PARTY.**

Should any of the Released Parties be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to INDEMNIFY AND HOLD HARMLESS the Released Parties from liability for the injury or death of any person(s), including myself, and damage to property that may result from my negligence or intentional act or omission while participating in activities offered by or at THE FITNESS CENTER AT SOUTH SHORE HARBOUR.

### SIGNATURES:

I have CAREFULLY read this Agreement, I FULLY understand this Agreement and am FULLY and COMPLETELY aware of the potential dangers incidental to attending and/or participating in the any and all, whether group or individual, activities provided by THE FITNESS CENTER AT SOUTH SHORE HARBOUR, and am FULLY aware that by signing this Agreement I am WAIVING valuable legal rights. **I UNDERSTAND THAT THE TERMS OF THIS AGREEMENT ARE CONTRACTUAL AND NOT A MERE**

**RECITAL AND THAT I HAVE SIGNED THIS RELEASE AS MY OWN FREE ACT.**

Cancellation of this membership requires a 30-day written notice (after 12 month contract has expired, **if applicable**). The member is responsible for all charges, including monthly dues, through the effective date of cancellation, even if they do not use the facility. If a membership is cancelled, for whatever reason, the person(s) must pay the standard rate to rejoin. Memberships are not transferable. **Membership termination is NOT complete until you receive an email confirmation. If you DO NOT receive an email confirmation, please contact the billing office, in a timely manner, to verify we have received your request to cancel.**

\_\_\_\_\_  
Swimmer Signature 1

\_\_\_\_\_  
Swimmer Signature 2

\_\_\_\_\_  
Swimmer Signature 3

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## AGREEMENT

The undersigned parent, swimmer and the South Shore Sails (SSS) agree as follows:

**(ALL FEES AND RATES ARE SUBJECT TO CHANGE)**

1. **Fitness Center Membership:** Parents and swimmers are invited to become a member of THE FITNESS CENTER AT SOUTH SHORE HARBOUR (TFC). Fees are determined by TFC. Discounted swim team fees do apply to TFC members.
2. **Registration.**
  - (a) An annual team registration of \$130 per swimmer will be due September 1<sup>st</sup>. If the Swimmer joins mid season registration will be due in full at time of registration. If swimmer joins for only Long Course then the fee will be prorated and due at registration. All payments shall be made to THE FITNESS CENTER AT SOUTH SHORE HARBOUR.
  - (b) Registration includes: Team Cap, and team T-shirt.
  - (c) **An annual Long Course fee of \$100 will be due April 1st.** If the Swimmer joins after April the fee will be prorated.
  - (d) 100% refundable within 5 Business days of the registration.
3. **Dues.**
  - (a) In consideration of the participation of the swimmer(s) in SSS's competitive swim program, the Parent agrees to pay the dues for the Swimmer's practice level that are set forth under **Practice Group Fees**. Payment shall be made on a monthly basis. Monthly payment of dues shall be due and payable on the first day of each month. Dues may be prepaid at any time. All swim team members must have an auto-draft account set up at Fitness Center (pg 3-4). This will help to ensure that there is a record of all payments. **All payments shall be made to THE FITNESS CENTER AT SOUTH SHORE HARBOUR.**
  - (b) If the Swimmer is transferred to a different practice team by the coaching staff, the difference in dues for the two practice levels shall be prorated for the month.
  - (c) If the Swimmer quits, leaves for a period of time or is unable to continue participation in the program, a **30 day written notice** must be sent to the head coach and Swim Team Administrator. The Swimmer is obligated to pay the dues installment for the month in which the Swimmer withdraws from the program. (*Withdrawal effective date is 30-days from receipt of written notice.*) Annual Team Registration payment will not be refunded. A \$25 re-activation fee will be access to any swimmer who returns during the same USA calendar swim season (Short Course and/or Long Course).
  - (d) **LEAVE OF ABSENCE:** Must receive a 30-day written notice of absence, Membership may be on freeze ***at least 2 months, no more than 12 months. \$20+ tax pre-paid per month a minimum of \$43.30*** that must be paid at the time the form is completed and turned in. (LEAVE OF ABSENCE due to injury will be made effective the date of receipt of Doctor's Explanation of Injury and Treatment. Doctor's release must be submitted to return from LEAVE OF ABSENCE.)
  - (f) If the monthly dues payment is not received in full by the 15<sup>th</sup> of the month, a late fee of \$10 per month will be assessed to the family's dues account.

**4. Practice Group Fees.** (EFFECTIVE 7/31/2023) Rates are subject to change.

- (a) Developmental: \$75/mo. for fitness center members, \$105/mo. for non-members
- (b) Competitive: \$85/month for fitness center members, \$115/month for non-members
- (c) White: \$95/month for fitness center members, \$135/month for non-members
- (d) Blue: \$130/month for fitness center members, \$175/month for non-members
- (e) Bronze: \$105/month for fitness center members, \$145/month for non-members
- (f) Silver: \$130/month for fitness center members, \$175/month for non-members
- (g) Gold: \$150/month for fitness center members, \$200/month for non-members
- (h) High School: \$125/month for fitness center members, \$175 for non-members
- (i) Senior: \$150/month for fitness center members, \$200 for non-members
- (j) National/Pre-National: \$200/month for fitness center members, \$250 for non-members

**5. Athlete Expectations**

*ALL Swimmers Should:*

1. Have the desire to improve their swimming
2. Understand that he or she is part of a team and has respect for his or her teammates.
3. The swimmer takes pride in being a member of the team, which the swimmer demonstrates by
  - a. wearing team attire at swim meets.
  - b. cheering on teammates during swims (practice or meets)
  - c. participating in team cheers,
  - d. knowing the coaches' names, and
4. The swimmer demonstrates an understanding of sportsmanship behavior (e.g., doesn't throw goggles, congratulates opponents).
5. The swimmer understands appropriate team rules and the consequences of breaking the rules.
6. Give the coach his or her undivided attention while the coach is talking
7. Listen to recommendations from the coach and tries to make the appropriate changes.
8. The swimmer is able to accept criticism from the coach.
9. The swimmer understands that criticism is a critique of skills not a critique of an individual.
10. At meets the swimmer talks to the coach immediately before and after each race.
11. The swimmer encourages themselves and others to work harder. They have a positive attitude about swimming.

*Practice group placement and group move-up decisions are made by the coaching staff with the swimmer's development being our top priority. Please don't hesitate to ask your swimmer's coach what it takes to move to the next group, and what they can improve on in their current practice group. Group changes are typically made in September and March.*

6. **Suspension.**
  - (a) If the monthly dues payment is not received in full by the last day of the month, a notice of delinquency will be sent. If Parent shall fail to pay any delinquent dues or assessment, including late fees, within 14 days from the date of written notice of delinquency, the Swimmer shall be suspended from further participation in all SSS activities, including, but not limited to, practices and meets.
  - (b) If Parent becomes delinquent in payment of dues or assessments because of financial hardship, he/she may apply to the Head Coach for a waiver of late fees and suspension. A waiver may be granted by SSS if satisfactory arrangements are made for payment of the delinquent amounts.
7. **Swim Meets.** Meet fee surcharge will be added to all meet entries.
8. **Practice Group Assignments.** The assignment of the Swimmer(s) to a practice group shall be the decision of the coaching staff. Increase in fees will apply at time of movement.
9. **Summer League.** Sails encourages athlete participation in Summer league swim for all practice groups. We do ask our National, Pre-National & Gold athletes to refrain from competing in meets.
10. **Volunteer Shift Policy.** Throughout the year, Sails will both attend and host meets where volunteers are essential to the successful operation of the competition. When you're swimmer participates in a competition, we ask that you please signup for a volunteer shift (timer, hospitality, runner, safety marshal, etc.) Volunteer timer shifts for each meet will be e-mailed out once the meet timeline information is received from the host team. For hosted meets, we will begin filling volunteer shifts several weeks in advance. Unfilled volunteer shifts will be assigned and e-mailed to families by the team administrator, so it's always better to signup on your own and select a day & time that work best for you. Any family that is assigned a volunteer shift is responsible for filling the shift or arranging for a replacement, failure to do so will result in a \$100 fine.
11. **Sails Policies & Procedures.** All Sails policies & procedures are posted on the team website's "parent" section at [www.southshoresails.com](http://www.southshoresails.com). It is each family's responsibility to review these policies with their athletes. The USA Swimming MAAPP (Minor Athlete Abuse Prevention Policy) and other SafeSport policies & procedures can be found under the "SafeSport" section of the team website. Any forms (including medical freeze, termination, and transfer forms) needed can be found in the "forms" section of the team website.
12. **Image Use Release.** You understand that while participating in Sails team functions and or while present at the Fitness Center premises, you, or your minor child's image may be used or shown on marketing materials, website, or social media accounts belonging to South Shore Sails and/or the Fitness Center, and by participating, you consent to the use of these images. You acknowledge that the Fitness Center is under 24/7 audio & video surveillance for security & training purposes.

Please sign below to acknowledge that you have reviewed the team's policies & procedures, including the team volunteer policy & image use release.

Parent or Guardian Signature \_\_\_\_\_



## South Shore Sails Club Code of Conduct

### For Swimmers and Parents

*SEE USA SWIMMING MAPP POLICY & TEAM POLICIES AT [WWW.SOUTHSHORESAILS.COM](http://WWW.SOUTHSHORESAILS.COM)*

At South Shore Sails, we strive to instill in our swimmers an understanding and appreciation of personal accountability, self-discipline, goal setting and goal achievement. These ideas directly relate to their success in training and competition. The South Shore Sails swim club has set forth the following rules and requirements that are non-negotiable regarding the team code of conduct for swimmers and parents.

#### **General Rules and Expectations:**

1. Swimmers are encouraged to support their teammates at practice. Working together as a unit for the benefit of all individuals in the group is essential to learning how to swim like a champion.
2. A swimmer must never interfere with the progress of another swimmer, during practice or otherwise.
3. Swimmers and parents are expected at all times to follow the verbal directions of the coaching staff. At NO time will disrespectful attitudes be tolerated.
4. Abusive language, lying, stealing, and/or vandalism are intolerable. These behaviors are directly contrary to the objectives of our swim team and are detrimental enough to the group to warrant strict disciplinary action.
5. Swimmers may leave practice only with the coach's permission.
6. Swimmers and family members have an obligation to act as guests while in the pools used by our team. South Shore Sails rents most of these facilities. Every member of our team needs to do everything possible to respect this privilege. Any damage to the property may result in financial liability of the swimmer's parents. Any damage may also result in the swimmer being asked to leave the team permanently.
7. At all club functions, whether practice, meets, or social gatherings, swimmers and parents are expected to behave in such a way that their actions reflect positively on the team.
8. All members of the club, whether parents or swimmers, must continue to protect and improve the excellent reputation of South Shore Sails throughout the state and country. In addition, any discussion by parents or swimmers that is destructive to the program will not be tolerated.
9. Members should follow Sails grievance policy to resolve issues and concerns.
10. Swimmers agree to abide by additional guidelines for the team to be established as needed. This includes no inappropriate displays of affection or physical contact between swimmers.
12. It is the coaching staff's position that drugs, alcohol, and tobacco products have no place in athletics. Hence, South Shore Sails is a drug and alcohol free organization at both home and away functions.
13. For the safety of the swimmers, parents will remain off of the pool deck during all meets and practices. Should a situation need to be addressed, a meeting will need to be set up with the coach(es) at a time that is mutually convenient.

#### **Meet Conduct and Policies:**

1. At any meet where you are representing South Shore Sails, you should wear team apparel (suit, shirt, cap, sweats, etc.).
2. Whenever and wherever a South Shore Sails swimmer or parent wears any item of the team uniform, the individual should remember that his/her actions and words reflect on the team they represent, and they should behave accordingly. Let your actions reflect the pride you have in being a part of South Shore Sails.

3. As a matter of courtesy to the officials and meet hosts, it is preferable that swimmers and parents alike stay off the deck and competition venue, unless they are competing or serving in an official capacity.
4. Similarly, as a matter of courtesy, all questions swimmers or parents may have concerning meet results, an officiating call, or the conduct of a meet, should be referred to the coaching staff only. They, in turn, will pursue the matter through proper channels.
5. As a matter of pride, leave the South Shore Sails team area in a neat and clean condition at the conclusion of each session of the meet.
6. With regard to which events a swimmer competes in, the coaching staff shall have the final word. South Shore Sails team members are never to scratch or late enter an event without first consulting their coaches
7. In a meet with preliminaries and finals, it is expected that any South Shore Sails swimmer qualifying to swim in the finals will do so.
8. Relay swimmers are expected to attend warm-up with team regardless of the timeline, unless previously discussed with the attending head coach.
9. All relay decisions pertaining to if relays are swum, how they are swum, who swims on them, the selection process, etc. belong to the coaching staff.

#### **Travel Code of Conduct:**

As an authorized representative of the South Shore Sails, Gulf 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. 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. Team members, parents and staff will refrain from any illegal or inappropriate behavior that would detract from a positive image of South Shore Sails, Gulf Swimming LSC or USA Swimming or be detrimental to its performance objectives.
6. Team members and parents will display proper respect and sportsmanship toward coaches, officials, administrators, fellow competitors and the public.

#### **IMPLEMENTATION**

Your signature of the document constitutes unconditional agreement to comply with the South Shore Sails Club Code of Conduct for you and your family and it is your responsibility to review it with your swimmers. Failure to comply with any part of the Code of Conduct as set forth in this document may result in disciplinary action per the team's current discipline policies. Such policies may include, but not be limited to: being asked to leave practice, disqualification from one or more events, or all events of competition, suspension from team for predetermined period of time, disqualification from future South Shore Sails Club team travel, financial penalties (cost of returning from meet, lost entries, etc), or dismissal from the team.

Date \_\_\_\_\_

Family Name \_\_\_\_\_

Parent Signature \_\_\_\_\_