

Terre Haute Torpedoes
National Level Event Travel Support Application
Receipts must accompany this completed form.

Eligibility for Travel Support
You must meet all criteria below!

1. Applicant must sign, submit and adhere to the USA Swimming and ISI codes of conduct. Applicant must submit signed forms PRIOR to each applicable National level meet. No previous "on file" copies are permissible. Also, the family of the applicant must be in good standing financially with the Club at the time of the meet and at the time of the reimbursement request to receive reimbursement. "Good standing" means that no more than one month's coaching dues can be outstanding for the family and there are no meet entry fees outstanding (excluding any meet entry fees that have not been charged to the families account).
2. Applicant must currently compete and train with the Terre Haute Torpedoes, AND, the swimmer has continuously competed and trained for at least two (2) years with the Terre Haute Torpedoes leading up to the event and is training and competing in the current season with the Terre Haute Torpedoes.
3. If the applicant received or will receive travel support from other sources, such amounts must be declared on this application.
4. All swimmers are treated the same, regardless of age.
5. A swimmer must participate in at least:
 - a. Short Course (September 1st – April 30th) REIMBURSEMENT: Three (3) THT/ISI scheduled invitationals or a state meet in the short course season
 - b. Long Course (May 1st – August 31st) REIMBURSEMENT: Two (2) THT/ISI scheduled invitationals or a state meet in the long course season.
6. The reimbursement structure is included on the following pages.

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

(See #5 Above) This season, I participated in the ISI State Champs OR (list the THT/ISI scheduled invitationals – include meet name and date)

THT/ISI Scheduled Meet _____ THT/ISI Scheduled Meet _____

THT/ISI Scheduled Meet _____

The National level meet attending/attended:

Location _____ Date(s) _____

List all individual events (do NOT include TIME TRIAL events)

-Or-

List all relay events competed in

Expenses

Receipts for all expenses must accompany this application. If expenses are shared, show only your portion of the expenses.

Travel:

Air Fare: \$ _____

Car Rental: \$ _____

Gas Receipts \$ _____

Motel/Hotel: \$ _____

Meals: \$ _____

Entry Fees: \$ _____

TOTAL \$ _____

Income

List all monies from any source (other than family) received by you, or members of your family used for your expenses by your family for the above National meet.

Sponsor: \$ _____

ISI: \$ _____

Any other source: \$ _____

TOTAL \$ _____

I am aware of the eligibility rules of USA Swimming regarding monies which can be accepted to cover travel expenses for National Meets and I declare that the above sources of monies did not exceed the expenses I incurred.

Swimmer Signature/Date

Parent/Guardian Signature/Date

Return this completed form to the Head Coach.

All checks will be written within TWO weeks of receipt of this form and ALL receipts.

Checks will be written directly to the swimmer/family unless otherwise directed.

Terre Haute Torpedoes National Level Event Travel Support Program

Athletes are eligible for up to \$500 reimbursement per season (short course and long course) and up to a total of \$1,000 reimbursement annually (short course and long course combined) for competing in USA Swimming/Paralympic Swimming Nationally recognized/sponsored events.

Events that qualify for reimbursement but are not limited to are:

USA Swimming Olympic Trials and Para Olympic Trials

USA Swimming Sponsored Long Course Nationals Level Competitions – not limited to but including Junior Championships and US Open

USA Swimming Sponsored Short Course Nationals – not limited to but including S.C. Nationals and S.C. Junior Nationals

USA Swimming Sponsored Open Water Nationals – not limited to but including 5K and 25K National Festival and 10K Nationals

USA Swimming sponsored Disability Nationals- not limited to but including Short Course Can/Am and Long Course Can/Am meets

Relay Only Participants for any of the above meets

- Eligible swimmers are supported at 50% of the assigned value for each competition

Indiana Swimming, Inc. Athlete Code of Conduct

**This code must be signed for EACH meet swimmer attends.
"On file" from a previous meet is not sufficient.**

As a member of the Terre Haute Torpedoes and Indiana Swimming, Inc., I recognize and agree to conform to this Code of Conduct at all times while representing the Terre Haute Torpedoes and Indiana Swimming Inc.:

CODE OF CONDUCT

- To conduct myself so as to be a worthy team athlete and/or staff member.
- To follow the Indiana Swimming and the USA Swimming Rules.
- To conduct myself in a manner so as to earn the respect and confidence of others.
- To act/conduct myself with dignity & with respect for others and the property of others.
- To dress in a manner suitable to my position as a representative of Indiana Swimming.
- To be a responsible goodwill ambassador between the sport of swimming and the public.
- To promote positive high team spirit and morale.
- To strive to do my best, and encourage all team members to do the same.
- To deal justly, kindly, impartially, and intelligently with all my fellow team members.
- To do my very best to bring the highest possible credit and regard to myself, my team, Indiana Swimming and to the sport of swimming.
- The use of any of the below is strictly FORBIDDEN for those not of legal age:
 - Alcoholic beverages, - Tobacco products
 - Fireworks - Drugs (other than those prescribed by my physician)
- Indiscreet or destructive behavior will not be tolerated. Every effort should be made to avoid guilt by association with such activities.
- THT & ISI national meet reimbursement is a privilege and I personally acknowledge those responsibilities associated with it.

I hereby agree to abide by the rules of conduct set forth above and acknowledge that, should I violate any provision on the Code, I will forfeit all rights to THT AND ISI national meet reimbursement

ATHLETE NAME (PRINT)

ATHLETE SIGNATURE

DATE

I have read the Indiana Code of Conduct above and understand that my child will forfeit all rights to the THT and to the ISI reimbursement, if this code is violated.

PARENT NAME (PRINT)

PARENT SIGNATURE

DATE

PRIOR TO EACH EVENT, SUBMIT SIGNED FORM TO THE HEAD COACH: