



KING AQUATIC CLUB
Authorization to Treat a Minor and
Permission to Participate in Swim Team Activities

The minor whose name is listed below has my (our) permission to participate in the activities of King Aquatic Club (KING). The undersigned agrees to hold KING, a Washington organization, officers, directors, agents, employees, and any volunteers harmless from any claim for injury to the below-named minor arising out of or in any way connected with swim team activities.

I (we) the undersigned parent, parents or legal guardian of _____, a minor ("Minor"), do hereby authorize and consent to KING obtaining for Minor any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital or emergency care ("Medical Care") to be rendered to the Minor. It is understood that this authorization is given in advance of any specific Medical Care being required, except as expressly limited below, and is given to provide authority to render Medical Care which a physician, surgeon or dentist in the exercise of his/her best judgment may deem advisable. It is understood that KING shall make reasonable efforts to contact the undersigned at the telephone numbers listed below prior to authorizing treatment of Minor, but that any of the above treatment will not be withheld if the undersigned cannot be reached, or in case of extreme emergency. It is further understood that I (we) the undersigned are responsible for all charges for the above mentioned Medical Care, and I (we) expressly hold KING harmless from and against any and all liability for said Medical Care and/or for any and all charges for said Medical Care.

Date _____ Limitations (if any) _____

Signature (Father, Mother, or Legal Guardian) _____

Address _____

THIS CONSENT SHALL REMAIN EFFECTIVE UNTIL MEMBERSHIP IS TERMINATED OR ON _____ (DATE), WHICHEVER IS SOONER

MINORS MEDICAL INFORMATION

Birthdate _____ Last Tetanus Booster _____

Known Allergies to Drugs or Foods _____

Special Medications or Other Information _____

TELEPHONE NUMBERS

Father's Name _____ (Home) _____

(Work) _____ (Cell) _____

Mother's Name _____ (Home) _____

(Work) _____ (Cell) _____

Family Physician Name & Telephone _____

Insurance Company Name & Policy Number _____

EMERGENCY CONTACT

Name (First & Last) _____ Relation to Minor _____

Phone (Home) _____ (Work) _____

Address _____



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Note: This Code of Conduct MUST be read and signed BEFORE any swimmer will be allowed to take part in training and competition. By signing below, an acknowledgement of the contents of this Code of Conduct is made and that the swimmer agrees to abide by the same.

CODE OF CONDUCT

I, the undersigned athlete, participating in training and competitions with King Aquatic Club (KING), understand and agree to comply with the below-listed guidelines as set forth by KING. Any additional guidelines as needed may be established by the Head Coach.

GENERAL BEHAVIOR

1. The transportation, possession or use of alcohol, tobacco products, or illegal drugs by any KING team member is prohibited.
2. KING swimmers will display proper respect and sportsmanship toward coaches, officials, administrators, competitors, teammates and the public to include both their person and their property.
3. Illegal or inappropriate behavior that will reflect negatively on KING or be detrimental to performance objectives will not be tolerated.

TRAVEL BEHAVIOR

1. No athlete will travel when any illness is evident to the parents or coaching staff.
2. Curfews established by the staff will be adhered to each day.
3. Unless otherwise excused or instructed by a coach, participants in a team trip will attend all team functions (on time), to include meetings, practices and any other team sanctioned event.
4. There will be no male athletes in female athletes' rooms and no female athletes in male athletes' rooms.
5. Any additional guidelines will come from the staff as needed.

IMPLEMENTATION

1. Failure to comply with these guidelines will subject the swimmer to discipline, up to and including suspension and/or dismissal from the KING program.
2. If any failure to comply with these guidelines occurs during a travel trip, the swimmer may be sent home at the swimmer's expense.

Participant's Signature

Date

FOR ATHLETES OF MINORITY AGE (under the age of 18):

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned conditions and their consequences.

Parent/Guardian's Signature

Date