WALNUT CREEK AQUABEARS - TRAVEL POLICY & HONOR CODE

I, _____, as a member of WCAB, understand and will comply with the following as approved by the WCAB Board of Directors:

1. The possession or use of alcohol, tobacco products, or controlled substances is prohibited throughout the designated duration of the trip and at all team functions.

2. Curfews will be established and adhered to during the trip.

3. Attendance is required at all team functions, which include, but are not limited to, meetings, practices, exhibitions, press conferences, and competitions, unless otherwise excused or instructed by coaches or designated person in charge of the team.

4. Male and female athletes are not allowed in the same room at any time except for public common areas.

5. Uniform requirements that are established for the trip will be followed.

6. Proper respect, sportsmanship, and courtesy toward coaches, chaperones, officials, administrators, competitors and the public will be displayed.

7. The manner by which one behaves will present a positive image of WCAB and will provide an atmosphere to meet the competitive performance objectives.

8. Always first ask permission to leave the team and competition area and then be accompanied by another swimmer or approved adult.

9. Additional guidelines may be established as needed to assure the safety and well being of team members and will be adhered to during the trip.

In accordance with USA Swimming Required Policy the following Code of conduct stipulations are in effect for all WCAB travel meets:

a) Club travel policies must be signed and agreed to by all athletes, parents and other adults traveling with the club. (305.5.D)

b) Team managers and chaperones must be members of USA Swimming and have successfully passed a USA swimming administered criminal background check. (305.5.B)

c) Regardless of gender, a coach shall not share a hotel room or other sleeping arrangement with an athlete (unless the coach is a parent, guardian, sibling or spouse of that particular athlete). (305.5A)

d) When only one athlete and one coach travel to a competition, the athlete must have his or her parents' (or legal guardian's) written permission in advance to travel alone with the coach. (305.5.C)

I understand that failure to comply with the WCAB Swimming Honor Code / Travel Policy, as set forth in this document, or additions necessary for the safety and well-being of WCAB team members, may result in disciplinary action, which may include, but is not limited to the following:

1. Disqualification from one or more events of the competition.

2. Suspension from the team and return home at my own expense.

3. Disqualification from future WCAB Sponsored activities.

I may appeal any disciplinary action in accordance with Part Four of the U.S.A. Swimming Rules and Regulations and Article 11 of the Pacific Swimming Bylaws.

Athlete Signature:_____ Date:_____

Legal Guardian Signature: _____ Date:_____

Competition: [double click and insert competition name and dates here]

WALNUT CREEK AQUABEARS - AUTHORIZATION TO CONSENT TO EMERGENCY TEATMENT OF MINOR

(I/We), the undersigned parent(s) of _____, a minor, do hereby authorize the WALNUT CREEK AQUABEARS as agent for the undersigned to consent to any emergency, x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any licensed physician and surgeon when parent or guardian cannot be immediately contacted.

It is understood that this authorization is given in advance to any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the agent to give specific consent to any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

FOR PATIENT'S PROTECTION

1. ALLERGIES and sensitivities: Is there a history of skin or other reaction or sickness following injection or oral administration of:
   - (a) Penicillin or other antibiotics — yes no
   - (b) Morphine, Codeine, Demerol or other narcotics — yes no
   - (c) Novacaine or other anesthetics — yes no
   - (d) Aspirin, emperin or other pain remedies — yes no
   - (e) Sulfa drugs — yes no
   - (f) Tetanus, antitoxin or other serums — yes no
   - (g) Adhesive tape — yes no
   - (h) Iodine or methiolate — yes no
   - (i) Any other drug or medication — yes no
   - (j) Any foods such as egg, milk or chocolate — yes no
   - (k) Allergy to insect bites, bee stings, other — yes no

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2. DRUGS TAKEN RECENTLY: Within the past (6) six months has the patient taken:
   - (a) Cortisone — yes no
   - (b) ACTH — yes no
   - (c) Anticoagulants — yes no
   - (d) Tranquilizers — yes no
   - (e) Hypotensives (high blood pressure medicines) — yes no
   - (f) Has the patient ever received treatment for asthma, rheumatism, rheumatic fever? — yes no
   - (g) Any other physical condition of which we should be aware:

Father:_____ Mother:_____

Home Phone:_____ Work Phone:_____ Home Phone:_____ Work Phone:_____

Legal Guardians:_____

Home Phone:_____ Work Phone:_____ Home Phone:_____ Work Phone:_____

Physician:_____ Phone:_____

Dentist:_____ Phone:_____

Medical Insurance:_____ Policy #:_____

Legal Guardian Signature: _____ Date:_____

Competition: [double click and insert competition name and dates here]

Competition: [double click and insert competition name and dates here]