

CODE OF CONDUCT

1. Attend practice regularly.
2. Let coach know if you are unable to attend a meet as soon as possible so that someone else can swim in your place.
3. Stay with your age group at meets and be ready to swim at your appointed time. If you need to go to the bathroom, get something to drink, etc. let someone know so that you can be located if necessary.
4. Swimmers are expected to:
 - Behave in an orderly fashion at practice and meets (no running, pushing, food throwing, etc.)
 - Show good sportsmanship, courtesy and respect towards coaches, volunteers, parents, officials and fellow swimmers at all times.
 - Profanity or abusive language will not be tolerated.

Disciplinary action will be as follows:

1st Offense: Verbal warning. If behavior continues, swimmer will be asked to leave practice or meet.

2nd Offense: Swimmer will miss the next scheduled meet.

3rd Offense: Swimmer must attend a meeting with parents and Melrose Disciplinary Committee for determination of disciplinary action. There is a possibility of dismissal from the team for the remainder of the season if deemed necessary by the Committee.

I, _____, have read and have discussed with my child/children the above Code of Conduct and we agree to abide by the rules as set forth and we understand and accept the consequences of not adhering to this Code of Conduct.

Date: _____

Parent

Swimmer

Swimmer

Swimmer

Swimmer

EMERGENCY MEDICAL INFORMATION

Swimmer's Name _____ Physical Limitations, Health Problems or Special Medications _____

Family Physician _____ Phone _____
Dentist Name _____ Phone _____

In case of emergency, and if possible, I prefer my child to be taken to _____ Hospital.



CONSENT FOR MEDICAL TREATMENT OF MINOR CHILD

I, _____, do hereby state that I am the parent or legal guardian and have legal custody of _____, _____ a minor, born on _____, I do _____, I do
Mo/Day/Yr Mo/Day/Yr Mo/Day/Yr
authorize the Coach and any duly authorized representative of the Melrose Swim Team as agent(s) for the undersigned to consent to any x-ray, examination, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed by the State of Arizona, when the need for such treatment is immediate and when efforts to contact me are unsuccessful. In case of illness or accident as described above, I agree to be responsible for the costs of such services rendered, where not covered by the Melrose Recreation Club's insurance policy.

Signed _____ Date _____