

Travel Permission Form

Swimmer Name: _____

Swimmer's Cell Number: _____

Parents Names (please print): _____

Home address:

Phone Number of Parents: (h) _____

(c) _____

We, _____ and _____,
Parents/guardians of

_____, authorize his/her travel to

as a member of the Kamloops Classic Swim Club

Parents Permission

We are aware that the team will be travelling to

departing on _____ and returning on

_____.

If you should have any questions, I may be reached at the phone numbers above.

Parents Signature: _____

Date: _____

**All participants must bring the COMPLETED ORIGINAL of this form
on the trip**



CODE OF CONDUCT:

- *Swimmers will treat coaches, chaperones and teammates with respect.**
- *Swimmers will compete in ALL events (e.g. warm-ups, relays & finals) as decided by the coach while attending swim meets.**
- *Swimmers will conduct themselves in a positive sportsmanlike manner at all times.**
- *Swimmers will follow the rules of curfew as set down by the coach or chaperone.**
- *Swimmers will abide by the rules and decisions of the chaperone(s). When hotel rooms are visited by those other than the occupants, the door will be left open and will remain open at all times during the visit.**
- *Chaperones will be permitted to enter swimmers room at any time.**
- *Swearing and foul language will not be tolerated.**
- *There will be no possession or use of any drug, alcohol or tobacco.**
- *While in the hotel, there will be no running or shouting in the halls, no renting of movies, and no phone calls using hotel phone (except in the case of an emergency or if chaperone/ coach has given approval)**
- * Any additional charges to the club from the hotel, pool or any other facility as a result of a swimmer's misbehaviour will be the responsibility of the swimmer and his/her family. This includes hotel damage.**
- * * Any contravention of this Code of Conduct will be dealt with by the Kamloops Classic Swim Club, through its representative, and may result in:**
 - Fines (e.g. Cost of a relay, if the club must cancel a relay event where a swimmer withdraws or is not permitted to compete)**
 - Swimmer sent home early. Parents will be notified of the arrangements made to get the swimmer home. Parents will be responsible for all expenses related to returning their swimmer home.**
 - Suspension from competition until further notice.**
 - Suspension or expulsion from the club until further notice.**
 - Any combination of the above.**
- *Any objection made to the disciplinary measures taken, may be made in writing, from the swimmer or swim family. It must be forwarded to the team manager, who will bring it to the attention of the executive committee.**
- *The Kamloops Classic Swim Club has a zero tolerance toward inappropriate behaviour of any kind. The coaching staff has the authority to issue an immediate suspension from the pool for the remainder of a session should they feel it is warranted. Should the coach feel the suspension should exceed the one-day limit; the coach will then discuss these concerns with the team manager, the swimmer, and the parents to determine an appropriate plan to deal with the issue. This policy is not flexible.**
- *Each swimmer will be required to sign a statement agreeing to the code of conduct at the beginning of the swim season.**

Name and Signature Date _____ Swimmer's

Parent's Name and Signature

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Participation and Medical Authorization Form

We, the undersigned parents/guardians of _____

Swimmer's name in full – please print

Herby confirm participation and authorize the Coaching Staff of the Kamloops Classic Swimming Club to authorize emergency Medical/Surgical treatment for my child

I give permission for the chaperones to give my child the following non-prescription medication, if needed:

_____ Tylenol (acetaminophen)

_____ Ibuprofen

_____ Gravol

_____ Benadryl

1. BC CareCard Number _____

2. Swimmer's Birth Date _____

(MM/DD/YYYY)

_____/_____/_____
Signature of parent or guardian Day Month Year

If you should have any question, I may be reached at the phone numbers below:

List any food or medication allergies:

List any medical conditions, medication requirements, instructions or requests:

List emergency contact phone number for parent: _____

List alternate emergency contact person and phone: _____

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