***QUEST Swimming***

**Athlete Code of Conduct and Parental Consent**

Proper Behavior has a positive influence on individual and team performance. The following Code of Conduct establishes minimum standards that will be administrated by QUEST Swimming and Coach/Chaperone. Upon notification of any violation of the Code of Conduct, the Coach/Chaperone shall promptly investigate the circumstances of the violation and determine what disciplinary action, if any, shall be taken. All athletes and athlete’s parents/guardians are required to acknowledge and support this code.

The undersigned athlete member participating in **QUEST Travel Meets** agrees to abide by the standards of conduct outlined below. Any additional guidelines regarding conduct will be presented at team meetings and/or posted to the QUEST website.

1. All athletes are required to follow direction of the staff members.
2. All athletes are required to attend all team meetings, training sessions, and events unless excused by the coaching staff.
3. All athletes must adhere to established curfews.
4. All athletes, chaperones, and coaches will not possess or use alcohol, tobacco, or any illegal or banned substances while on a team travel experience.
5. All athletes will follow guidelines established for mixed company (male and female) in the athlete’s room. No male and female athlete pair shall be in an athlete’s room alone under any circumstance.
6. All athletes, chaperones nor coaches may use profanity under any circumstance.
7. All athletes will refrain from all illegal or inappropriate behaviors that would detract from a positive image of QUEST Swimming or be detrimental to its performance objectives.
8. All athletes will display proper respect and sportsmanship toward coaches, officials, administrators, fellow competitors, and the public.
9. All athletes will remain for the entire competition unless excused by coach/chaperone.
10. All athletes will refrain from any cell phone use at aquatic center, team meetings, and designated quiet times.
11. All athletes, chaperone and coaches will display the QUEST Uniform at all times while on deck and especially at Awards Presentations. There is no exception to the QUEST Uniform-such as special t-shirts made to recognize the accomplishment of qualifying. QUEST has ONLY one uniform.

If an athlete fails to comply with the Code of Conduct, they will be subject to disciplinary action which may include, but is not limited to, being barred from some team activities.

Athlete Name Athlete Cell Phone #

Athlete Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_

Parents are asked to acknowledge and support the Code of Conduct specified above. I have read and understood the above requirements.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the swimmer is 18 years of age or older they may sign the form.**

***QUEST Swimming***

**Medical Release Form**

Athlete Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent**

This medical release form must be signed by a parent or legal guardian for EACH swimmer of

**QUEST Swimming**.  **If the swimmer is 18 years of age or older they may sign the form.**

**Medical Release**

I certify that, to the best of my knowledge and belief, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of the Swimmer) is in good physical condition and has no condition which would impair participation in the program. In case of injury, I hereby give QUEST Swimming and it’s coaching staff permission to act on behalf in seeking medical treatment from any licensed physician, hospital, or clinic for my child in the event that such treatment is deemed necessary. I give permission to those administering medical treatment to do so using methods deemed necessary. I absolve Quest Swimming and it’s coaching staff from all liability while acting on my behalf in this regard.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant Signature (if age 18 or over)         Parent/Guardian Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:                                                   Parents Daytime Phone:

Any Medications the above Athlete is presently taking:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional comments regarding medical history, allergies, penicillin or drug reactions, etc…...which may be needed in rendering medical treatment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Insurance Information: Company Name:                                                       Policy #:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address                                                                     Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_