

2010 SWIM TORRANCE TRAINING CAMP

STANDARDS OF CONDUCT

As a condition of my participation in the 2010 Swim Torrance (TORR) Training Camp, I and my Father, Mother or Legal Guardian

Athlete's Name – Please Print

Father, Mother or Legal Guardian – Please Print

agree that I shall be a responsible member of TORR and behave in a manner reflecting well on me, my teammates, coaches, managers and Southern California Swimming.

I and my Father, Mother or Legal Guardian understand and agree that smoking, consumption of beverages containing alcohol, use of drugs (other than prescriptions listed on my medical release or prescribed for me by a physician during the trip), or behavior in violation of the laws of California shall cause me to be expelled from the 2010 TORR Training Camp, sent home at the expense of my Father, Mother or Legal Guardian, and may lead to additional disciplinary action. Further, I and my Father, Mother or Legal Guardian understand and agree that I shall be deemed conclusively to have been participating in such behavior if I am in the presence or company of someone engaging in such behavior.

I and my Father, Mother or Legal Guardian understand and agree that the team will be housed at **Ramada Plaza Hotel San Diego/Hotel Circle** 2151 Hotel Circle South • San Diego, CA 92108 (619) 270.9004. I and my Father, Mother or Legal Guardian understand and agree that we are responsible for and shall pay the cost of any damages caused by me and/or lost key charges. Further, I understand and agree that girls are not permitted in boys' rooms, and boys are not permitted in girls' rooms unless the hall/room door is fully open.

I understand and agree that the coaching staff, managers and captains on the trip will set all schedules and standards of conduct from team assembly on August 27th until team dismissal on August 29th. I agree to participate in all team activities and arrangements. I agree to cooperate with the staff at all times.

Athlete's Signature

Father, Mother or Legal Guardian's Signature

Address

Cell or Day Phone (include area code)

City, State, Zip

Home Phone (include area code)

**Due to Coach Jon by assembly
at the Torrance Plunge on August 27th**

- 1. Signed Standards of Conduct**
- 2. Completed Travel & Medical Release**

PERMISSION TO TRAVEL

I (we) the undersigned father, mother or legal guardian of _____

_____, a minor, give permission for said minor to be part of the 2010 Swim Torrance Training Camp at the Aztec Aquaplex on the campus of San Diego State University. I understand and agree that the team coaches and managers shall be responsible for travel arrangements, schedules and standards of conduct during this trip. I further understand and agree that I shall be financially responsible for any and all expenses incurred as a result of a violation of the Standards of Conduct.

DATE

SIGNATURE OF FATHER, MOTHER OR LEGAL GUARDIAN

AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned father, mother or legal guardian of _____

_____, a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

List any restrictions INCLUDING DIETARY: _____

DATE

SIGNATURE OF FATHER, MOTHER OR LEGAL GUARDIAN

ADDRESS

PHONE (include Area Code)

INSURANCE COMPANY

POLICY NUMBER