

OLD DOMINION AQUATIC CLUB CODE OF CONDUCT

Proper behavior has a positive influence on individual and team performance. The following Code of Conduct establishes minimum standards, which will be administered by the ODAC Coaching Staff and Team Chaperons. Upon notification of any violation of the Code of Conduct, the Coaching Staff and/ or Team Chaperons shall promptly investigate the circumstances of the violation and determine which disciplinary action, if any shall be taken. All athletes, staff members (coaches and team chaperons) and athlete's parent/guardians will acknowledge and support this code.

The undersigned athlete member participating in the Old Dominion Aquatic Club agrees to abide by the standards of conduct outlined below in addition to those established by the staff. Any additional guidelines regarding conduct will be presented at the team meetings.

- 1) All athletes are required to follow the direction of the staff members.
- 2) All athletes and staff members are required to attend all team meetings, training sessions and events unless excused by the coaching staff.
- 3) Curfews established by the staff will be adhered to.
- 4) All athletes and staff members will not possess alcohol, tobacco or any illegal or banned substance.
- 5) All athletes will follow guidelines established by the staff 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 circumstances.
- 6) Team members and staff will refrain from all illegal and inappropriate behaviors that would detract from a positive image of the team or be detrimental to performance objectives.
- 7) Team members and staff will display proper respect and sportsmanship toward coaches, officials, administrators, fellow competitors and the public.
- 8) Failure to comply with the Code of Conduct may result in, but not necessarily be limited to, any of the following areas:
 - a) Athletes not allowed participation in some or all team activities.
 - b) Athlete sent home at the individual's expense.

Name: _____ USAS# _____

Athlete Signature: _____ Club: _____ Age: _____

Parent/Guardian Signature: _____ Date: ____/____/____

ATHLETE MEDICAL AUTHORIZATION

Athlete's Name: _____ Birth Date: ____/____/____

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone:(____) _____ - _____ Work Phone:(____) _____ - _____

Family Physician: _____ Phone:(____) _____ - _____

Insurance Co.: _____ Policy # _____

In case of emergency, when I cannot be reached. Old Dominion Aquatic Club and any representative thereof, including team chaperons or coaches has my permission to take the athlete named above to any hospital, and the hospital and its medical staff have my permission to provide treatment which a physician deems necessary for the well being of such athlete.

Parent/Guardian Signature: _____ Date: ____/____/____

List of any medication, which the athlete is currently taking and any allergies the athlete has: _____
