



# The Dolphins Swim Team

2023–2024 Team Travel Registration

Swimmer's Full Name

## Swimmer Information

Full Name: \_\_\_\_\_ ☐ Female ☐ Male  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Swimmer's Cell #: \_\_\_\_\_ Swimmer's Home #: \_\_\_\_\_

## Parent / Guardian Contacts

Mother/Guardian #1: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Father/Guardian #2: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

## Emergency Contacts (other than parents/guardians)

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

## Medical Contacts

Physician: \_\_\_\_\_ Home #: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Home #: \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_  
Insured Member: \_\_\_\_\_ ID #: \_\_\_\_\_

☐ I agree that typed signatures on all TDPS Travel Policy documents represent the written signatures of those named.

## Over-the-Counter (OTC) Medications

Coaching staff and chaperones may administer certain types of over-the-counter medications. In order for your swimmer to receive these, the team must have parent/guardian authorization.

✓ Please check the box if your swimmer **MAY RECEIVE** the following OTC medications:

- |   |   |
|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol or generic)           | <input type="checkbox"/> Antacid (Tums or generic)                          |
| <input type="checkbox"/> Ibuprofen (Advil or generic)                 | <input type="checkbox"/> Motion sickness medications (Dramamine or generic) |
| <input type="checkbox"/> Diphenhydramine (Benadryl or generic)        | <input type="checkbox"/> Diarrhea medications (Imodium or generic)          |
| <input type="checkbox"/> Antibiotic Ointment (Neosporin or generic)   | <input type="checkbox"/> Constipation medications (MiraLAX or generic)      |
| <input type="checkbox"/> Hydrocortisone                               | <input type="checkbox"/> Sunscreen (without PABA, minimum SPF 30)           |
| <input type="checkbox"/> Cold medications (NyQuil/DayQuil or generic) | <input type="checkbox"/> Aloe Vera lotion/gel                               |
| <input type="checkbox"/> Mucus relief (Mucinex or generic)            | <input type="checkbox"/> Insect repellent (may contain up to 15 % DEET)     |
| <input type="checkbox"/> Non-medicated cough drops                    | _____ Weight of swimmer for dosage purposes                                 |

I verify my swimmer HAS my permission to receive the over-the-counter medications that are checked above.

► Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Health History

### Chronic or Recurring Illnesses

✓ Please check the box:

- ☐ Heart Defect/Disease: \_\_\_\_\_
- ☐ Seizures: \_\_\_\_\_
- ☐ Bleeding/Clotting: \_\_\_\_\_
- ☐ Asthma: \_\_\_\_\_
- ☐ Diabetes: \_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_

Describe any restrictions concerning physical activities:

Please list any medications taken on a daily basis,  
Including over-the-counter medications:

### Allergies

- ☐ Foods: \_\_\_\_\_
- ☐ Insects Stings/Bites: \_\_\_\_\_
- ☐ Medications/Drugs: \_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_

**Tetanus** (Year of last booster): \_\_\_\_\_

Does your swimmer carry an: ☐ EpiPen ☐ Inhaler

Any other relevant health concerns:

Special dietary restrictions:

## Medical/Dental Treatment Authorization

I declare that I am the parent or legal guardian of (swimmer's name) \_\_\_\_\_, born (birth date) \_\_\_\_\_. I verify that this health history is complete and accurate. My child has permission to engage in all prescribed activities, except as noted above. In case of illness or injury, I hereby authorize the coach or other TDPS representative to secure necessary treatment for my child. I give permission for my child to receive first aid and/or to receive emergency treatment from a licensed physician, emergency medical services or other health care professional, including but not limited to our listed physician and dentist. I further acknowledge that I will be responsible for any costs associated with my child's medical/dental treatment.

If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone numbers. In case I cannot be reached, or in case of emergency, medical/dental treatment as described above may proceed without further authorization. This authorization is good for ONE YEAR from date signed below.

► Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Motor Vehicle Permission Form

I hereby give my child or ward, \_\_\_\_\_, permission to ride in a privately owned or rented motor vehicle operated by:

- (1) ☐ a coaching staff of TDPS  
(2) ☐ (1) above and any adults over the age of 21 who are volunteering with TDPS as chaperones for activities or events.

Note: (1) and (2) above shall have a valid Driver's license.

I understand that, by virtue of his/her participation in swim team activities and by my execution of this form, permission is presumed granted for my child or ward to travel with prescribed individuals above for the purpose of (a) an emergency or (b) an activity or event (e.g., practice, meet, trip or event) which is sponsored by, or affiliated with TDPS. This permission includes travel in privately owned or rented vehicles operated by TDPS coaching staff/chaperones. If I have executed this form by checking boxes (1) and/or (2) above, I hereby agree to release and to hold TDPS and driver harmless for damages related to any injury or death suffered by my child or ward following his or her departure in a vehicle operated by those listed above.

► Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_



# The Dolphins Swim Team

2023–2024 Team Travel Code of Conduct/MAAPP

Swimmer's Full Name

The following code of conduct is designed to help ensure a safe and quality experience for everyone and conditions which are conducive to achieving exceptional performances. Signatures by both athlete and parent/guardian on this document constitute unconditional agreement to comply with the following stipulations. Anyone who acts in a manner that interferes with these objectives will be subject to disciplinary action, as detailed in the [team handbook](#).

## CODE of CONDUCT for TDPS ATHLETES and PARENTS

### *Athletes will:*

- A. Be considerate, respectful and supportive of teammates.
- B. Be respectful of the coaches and their decisions.
- C. Be respectful and courteous to parents, pool facility staff and patrons, other competitors and their coaches.
- D. Be respectful of other athletes' property, TDPS property and West Hills/Centennial pool property, and not engage in any vandalism or theft.
- E. Maintain a high standard of behavior at all team activities. A swimmer is not only representing him/herself, but TDPS as a team.
- F. Avoid inappropriate language or actions when using social media outlets or participating in virtual communication. A swimmer is not only representing him/herself, but TDPS as a team. Remember that social media posts may feel temporary but often have lasting ramifications.
- G. Avoid inappropriate physical contact or unruly behavior, including (but not limited to) fighting or striking another athlete.
- H. Avoid participating in bullying or isolating another swimmer.
- I. Refrain from possession or use of alcohol or tobacco products.
- J. Follow the expected communication guidelines, as outlined in the [team handbook](#).

### *Parents will:*

- A. Display proper respect and sportsmanship toward coaches, officials, volunteers, administrators, swimmers, other parents, and the public.
- B. Work in support of the team mission statement toward all swimmers, promoting to "create an environment individuals of all ages and abilities can experience the enjoyment of, and can reach personal excellence in, the sport of swimming."
- C. Participate on the team within your role, and not interfere with others as they perform their role: swimmers swim, coaches coach, officials officiate and parents parent.
- D. Remain in spectator areas during practices and meets.
- E. Follow the expected communication guidelines, as outlined in the [team handbook](#).

I have read above CODE of CONDUCT and agree to abide by the terms set forth above. I understand violations will be handled as detailed in the [team handbook](#).

► Athlete's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read above CODE of CONDUCT and agree to abide by the terms set forth above. I understand violations will be handled as detailed in the [team handbook](#).

► Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_



# The Dolphins Swim Team

2023–2024 Team Travel Code of Conduct/MAAPP

Swimmer's Full Name

All TDPS team travel participants are expected to comply with the Team Travel Code of Conduct below, in addition to the TDPS Athlete/Parent Code of Conduct and USA Swimming's Minor Athlete Abuse Prevention Policy. A typed or written signature on this document constitutes unconditional agreement to comply with the stipulations of the aforementioned documents. Anyone who acts in a manner that interferes with these objectives will be subject to disciplinary action, as detailed in the [team handbook](#).

## TDPS TEAM TRAVEL CODE of CONDUCT

### *Team Travel Participants will:*

- A. Remember that on team travel trips, the TDPS is a team. The needs and well-being of the team come first; less important, individual needs come second.
- B. Realize that the reputation of TDPS is dependent on the behavior of each team member. Behavior must positively reflect the high standards of our club, Oregon Swimming and USA Swimming.
- C. Display proper respect and sportsmanship toward coaches, chaperones, officials, administrators, teammates, fellow competitors and the public, at all times.
- D. Be courteous and respectful to their roommates and others at the hotel.
- E. Leave the pool deck, hotel rooms, vehicles, and other team areas undamaged and free of trash and belongings.
- F. Refrain from deck changes.
- G. Refrain from any illegal or inappropriate behavior that would detract from a positive image of the team or be detrimental to its performance objectives.
- H. Refrain from possession, use, or sale/distribution of any controlled or illegal substance or any form of weapon.
- I. Attend all team functions including meetings, practices, meals, meet sessions, etc. unless otherwise excused or instructed by the head coach or his/her designee.
- J. Stay in groups of no less than three persons when visiting public places such as shopping malls, movie theatres, etc.
- K. Understand that the directions and decisions of coaches and chaperones are final.
- L. Wear seatbelt at all times while in vehicles.
- M. Be punctual and flexible.

I have read the TDPS Team Travel Code of Conduct and agree to abide by the terms set forth above. I understand there will be consequences for violations as detailed in the [team handbook](#).

► Athlete's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the TDPS Team Travel Code of Conduct and agree to abide by the terms set forth above. I understand there will be consequences for violations as detailed in the [team handbook](#).

► Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Minor Athlete Abuse Prevention Policy (MAAPP) by USA Swimming

I verify that I have reviewed and agree to the Minor Athlete Abuse Prevention Policy (MAAPP) by USA Swimming.

► Athlete's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I verify that I have reviewed and agree to the Minor Athlete Abuse Prevention Policy (MAAPP) by USA Swimming.

► Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_