



Code of Conduct & Medical Release Form – 1 January 2021

I, the undersigned, agree to abide by the standards of conduct outlined below, in addition to those which may be established whilst travelling with the Club during nominated events:

1. When representing Narrabeen Swimming Club (NBSC), everyone is expected to behave in an exemplary manner. The reputation of NBSC, as well as the other athletes and staff with you, is dependent upon your behaviour.
2. All swimmers are required to attend all team meetings/activities unless excused by the coach in charge of the trip.
3. First impressions are very important to the swimmer's personal image, to NBSC, to Swimming NSW, and to the sport of swimming. If the team attends special functions, travels by air, etc., appropriate attire is required (no singlets, mini-skirts etc). Check with the coach if you are unsure of what to wear. During competitions, swimmers will wear NBSC attire, and may not wear apparel that represents any other teams, institutions or products.
4. NBSC swimmers are expected at all times to follow the directions of the coaching staff. At no time will disrespectful attitudes be tolerated from any swimmer.
5. Curfews established by coaching staff will be adhered to each day of the trip.
6. When team accommodation is arranged by the club:
 - i. At no time will males be allowed to enter female rooms or will females be allowed to enter male rooms.
 - ii. Any damages or theft incurred by the hotel will be at the expense of swimmers assigned to that room, and further disciplinary action will be taken. Under no circumstances, will loud or boisterous behaviour be tolerated in any part of the accommodation or restaurant facility.
7. The consumption of alcohol, the use of tobacco, or use of any non-prescribed drugs or illegal substance of any kind, is forbidden. In addition, any team member found or suspected to be in the presence of others (regardless of team affiliation) partaking in any of the above activities, will be subject to the same punishments and probable expulsion from the NBSC.
8. All team members will be polite in restaurants and all public facilities. If there is a problem with the service, see the coach.
9. The NBSC coaching staff holds the final interpretation on any rules, regulations, and disciplinary actions.

Failure to comply with this Code of Conduct may result in, but not be limited to, any or all of the following actions:

- (a) Swimmer not allowed to participate in team activities.
- (b) Swimmer sent home at parent's expense.
- (c) Swimmer not allowed to participate in upcoming team trips.
- (d) Suspension or expulsion from the Narrabeen Swimming Club.

I understand that all applicants/swimmers must abide by the rules and requirements of the Narrabeen Swimming Club (NBSC), including the above Code of Conduct; and

I acknowledge that I have received and read such statement.

Signed:

Applicant:.....Date:.....

Swimmer (if applicable):.....Date:.....



Authorisation for Emergency Medical Care

Contact details:

SWIMMER'S DETAILS:	
Surname:	Given Names:
Date of Birth:	Gender:
Medicare Number:	Medicare Expiry:
Medicare reference number:	
Private Health Fund:	Private Health Fund No:

PARENT/GUARDIAN: <i>(where swimmer is under 18 years old)</i> <i>(For swimmers over 18 years old please provide next of kin details below)</i>	
I/We give consent for the above-named swimmer to participate in the Narrabeen Swimming Club (Club) nominated event, which may include air, car and/or bus travel, swim training and various recreational activities.	
Parent/Guardian 1	Parent/Guardian 2
Name:	Name:
Relationship:	Relationship:
Mobile:	Mobile:
Alternate Phone No:	Alternate Phone No:
Address:	Address:

EMERGENCY MEDICAL CONTACT	
If you/your swimmer becomes unwell or injured, medical attention will be sought if felt necessary. Please provide a GP contact that may have information to assist the emergency services.	
GP Name:	Address:
Phone:	



Medical Status:

MEDICAL CONDITIONS	PLEASE TICK	FURTHER INFORMATION
Asthma <i>(attach management plan)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Convulsions/Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies <i>(attach management plan)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision or Hearing Loss	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fainting/Dizzy Spells	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Travel Sickness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Immunisation up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tetanus up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (give details)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Carries EpiPen	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TEMPORARY MEDICATIONS:
I consent to for my swimmer to receive temporary pain relief as per product dosage:
<input type="checkbox"/> Paracetamol
<input type="checkbox"/> Nurofen

Please list any other pertinent medical information, medications and/or allergies, which might need to be addressed during the trip, or might be needed in case emergency care is necessary.

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Dietary Information:

DIETARY REQUIREMENTS		
Issue	Please tick	Further details
Food Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Food Intolerance	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list any other pertinent dietary information which might need to be addressed during the trip.

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AGREEMENT/CONSENT

- I hereby give my consent for the Coaching staff of the NBSC or official parent chaperones, to authorise emergency medical treatment for me/my swimmer.
- In the event that the emergency contacts cannot be contacted, I authorise the Coaches and/or Parent chaperones to arrange medical treatment as deemed necessary.
- I undertake to pay any associated costs that may be incurred for the medical treatment, ambulance transport and medication.
- Whilst the Club has a duty of care to participants to provide first aid assistance when required, I am aware that the Club cannot be responsible for the general management of medical conditions.

Signed by:

Applicant / Swimmer: *(delete as applicable)*

Signature:

Name: Date: