

**2011 MAINE SWIMMING, INC.
MUTUAL OF OMAHA BREAKOUT! SWIM CLINIC
W/JOSH DAVIS & AARON PEIRSOL**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Athlete Name: _____

Club/Team: _____

Parent's Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Contact Telephone: (____) _____ Athlete Age _____

E-Mail: _____

T-Shirt Size (circle one) Youth Large Small Medium Large X-Large

Waiver For Photographs

My signature below grants Maine Swimming, Inc. permission to use my child's photograph, image or likeness on the Maine Swimming, Inc. Website.

Parent/Guardian signature: _____ **Date:** _____

Application Fee: \$75.00 Please make checks payable to:

Maine Swimming, Inc.

Send: Application, Code of Conduct, Waiver for Photographs, Emergency Contract Form and Fee to: Jim Willis, 4 Shannon Rd. Unit B, Bar Harbor, ME 04609

For MSI Use Only Application and Code of Conduct/Medical Form Received ____/____/____ Paid by Check Number _____ Note _____

MUTUAL OF OMAHA BREAKOUT! SWIM CLINIC CODE OF CONDUCT

All Maine Swimming, Inc. (Swimmers and Coaches) are required to adhere to the Following Code of Conduct:

1. Team attire must be worn while on deck and during all activities.
2. Attendance at all clinic activities is mandatory.
3. Theft of any type is prohibited
4. PROHIBITED are possessions or use of alcoholic beverages, tobacco and illegal drugs.
5. Inappropriate or destructive behavior is prohibited and will not be tolerated.
6. Disrespect, including sexual harassment or the appearance of sexual harassment, towards any participant, including swimmers, coaches and other staff, of the camp/meet is strictly prohibited and will not be tolerated.

THE ABOVE CODE OF CONDUCT WILL BE IN EFFECT FROM THE START OF THE CLINIC UNTIL RELEASE AT THE END OF THE CLINIC.

VIOLATIONS OF ANY OF THE ABOVE WILL RESULT IN THE FOLLOWING:

- Immediate dismissal from the clinic
- Further disciplinary action from the Board of Directors/Executive Committee of Maine Swimming, Inc..

I have read and understand the above code of conduct, and I agree to abide by the above code of conduct while a participant in the Mutual of Omaha Breakout! Swim Clinic.

ATHLETE'S SIGNATURE: _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

PERMISSION FOR EMERGENCY TREATMENT

I HEREBY GIVE PERMISSION TO THE STAFF MEMBERS OF THE MUTUAL OF OMAHA BREAKOUT! SWIM CLINIC TO SIGN FOR EMERGENCY MEDICAL TREATMENT FOR MY SON/DAUGHTER, IN THE EVENT THAT I CANNOT BE REACHED AT THE TIME OF THE EMERGENCY.

ATHLETE'S NAME: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____

EMERGENCY TELEPHONE NOS. _____

INSURANCE INFORMATION

Carrier Name: _____ Tel. No.: _____

ID # _____ Group No.: _____