

**RHODE ISLAND TOUR TEAM**  
***Athlete's Application of Intent for Nova Scotia Tour Team***  
Lincoln, Rhode Island, January 31<sup>st</sup>-February 4<sup>th</sup>, 2008

NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ CLUB: \_\_\_\_\_  
AGE: \_\_\_\_\_ T-SHIRT SIZE (*please circle one- unisex sizes*):  
Youth Large    Small (Adult)    Medium (Adult)    Large (Adult)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

MEDICAL INSURANCE NUMBER: \_\_\_\_\_

PLEASE GIVE DETAIL OF ANY ALLERGIES OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF:

\_\_\_\_\_  
\_\_\_\_\_

Is your child allowed to take a motion sickness medicine (i.e. gravol)?  
 Yes  No

Is your child allowed to take a headache medicine (i.e. Tylenol)?  
 Yes  No

Please list any other pertinent information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TEAM DISCIPLINE:**

Athletes are expected to conduct themselves as good representatives of their club and province in a manner which is exemplary and which will not bring discredit or embarrassment to themselves or to the sponsoring bodies.

All athletes will be expected to follow curfews as designated by chaperones and coaches. Respect for fellow athletes, roommates, coaches, and chaperones will be shown at all times.

No alcoholic beverages or any illegal drugs will be permitted at any time.

Swimmers *may* be billeted on their own or with swimmers from a different team in Nova Scotia. Please be prepared. A list will be available prior to departure.

**POOL PROPERTY OR NON-PERSONAL PROPERTY:**

Vandalism to hotel premises, pool complex, or the property of others will not be tolerated and will be regarded as grounds for exclusion from subsequent tours. Restitution for all damages will be required.

The enforcement of all of the above stated regulations is the responsibility of the Chaperones and Coaches. **Enforcement may include being sent home at personal expense.**

**AGREEMENT:**

I, \_\_\_\_\_, agree to adhere to all of the tour rules. I will be part of Team Nova Scotia beginning Thursday January 31<sup>st</sup>, commencing Monday February 4<sup>th</sup>, 2008.

**Signatures:**

Athlete: \_\_\_\_\_

Coach: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

*Please send completed forms, along with \$100 deposit (cheque payable to Swim Nova Scotia):*

*Bette El-Hawary, Executive Director  
Swim Nova Scotia  
5516 Spring Garden Road  
Halifax, N.S.  
B3J 1G6  
Fax: (902) 425-5606  
Phone: (902) 425-5450 (ext. 314)*

***DEADLINE: Sunday January 6<sup>th</sup>, 2008***