

# ***Arizona Dolphins: Team Travel Policy***

## ***Purpose***

This policy provides clear guidelines for team travel to ensure the safety, well-being, and accountability of all athletes, coaches, and chaperones while representing the Arizona Dolphins Swim Team during team travel.

## ***Travel Planning and Communication***

- All travel plans (departure time, destination, transportation method, lodging, itinerary) will be shared in advance by the Head Coach.
- Parents/guardians must complete any required consent or emergency forms prior to travel.

## ***Transportation***

- Transportation (e.g., vans, buses, carpools) will be coordinated by the Head coach.
- If carpooling, drivers must:
  - Be over 21 years old
  - Have a valid driver's license and insurance
  - Avoid distractions (e.g., texting while driving)
  - Players may not drive themselves to out-of-town events unless specifically approved by the coach and parent.

## ***Accommodation***

- The team may stay in hotels, dorms, or other accommodations arranged by the Head Coach.
- Players will typically be assigned 2–4 per room based on age and gender.
- Curfew will be set by coaches and must be strictly followed.
- No visitors allowed in rooms without permission from coaches or chaperones.

## ***Code of Conduct***

- Players are expected to:
  - Follow all team rules and directions from coaches and chaperones
  - Show respect toward teammates, staff, officials, and hotel staff
  - Refrain from inappropriate behavior (e.g., foul language, fighting, bullying)
  - **Strictly prohibited:**
    - Drugs, alcohol, vaping, or tobacco
    - Leaving hotel or event site without permission

- Inappropriate or illegal conduct
- **Violation of these rules may result in:**
  - Immediate removal from the trip
  - Suspension from future games/events
  - Parental notification and disciplinary action

### ***Meals and Money***

- Parents will be notified if meals are included or if players need to bring money.
- For overnight trips, players should bring enough money for meals, snacks, and any small personal items.
- Chaperones may help younger players manage spending if needed.

### ***Emergencies and Health***

- Coaches and chaperones will carry emergency contact info for all athletes.
- Parents must disclose any medical needs (e.g., allergies, medications) before travel.
- In case of illness or injury, parents will be notified immediately and proper care will be provided.

### ***Parent/Chaperone Expectations***

- Chaperones must be approved by the team and may be required to complete a background check.
- Chaperones must:
  - Be attentive and responsible for assigned players
  - Enforce rules fairly and consistently
  - Refrain from alcohol or other substances while supervising

### ***Trip Cancellations and/or Changes***

- If a trip is canceled or rescheduled, the Arizona Dolphins will notify parents as soon as possible.
- Non-refundable expenses may not be reimbursed unless approved by the Team Manager and/or Head Coach.

### ***Acknowledgment***

- All athletes and parents/guardians must sign **ALL TEAM TRAVEL PERMISSION FORMS BELOW** prior to participating in travel events:

***Arizona Dolphins: WRITTEN PERMISSION FOR AN UNRELATED ADULT TO  
SHARE THE SAME HOTEL, SLEEPING ARRANGEMENT OR OVERNIGHT  
LODGING LOCATION WITH A MINOR ATHLETE***

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, a  
minor athlete, give express written permission, and grant an exception to the Minor  
Athlete Abuse Prevention Policy for \_\_\_\_\_ (minor athlete),  
to stay in the same hotel room of, or share a sleeping arrangement or other overnight  
lodging location with \_\_\_\_\_ (unrelated adult)  
at \_\_\_\_\_ (location of hotel room or other overnight lodging  
location) from \_\_\_\_\_ to \_\_\_\_\_ (dates of applicable  
rooming arrangement). I further acknowledge that this written permission is valid only  
for the dates and location specified herein.

Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Arizona Dolphins: WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE  
ADULT TO TRAVEL TO COMPETITION ALONE WITH A MINOR ATHLETE**

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_, a  
minor athlete, give express written permission, and grant an exception to the Minor  
Athlete Abuse Prevention Policy for \_\_\_\_\_ (minor athlete), to  
travel with \_\_\_\_\_ (applicable Adult), to travel from  
\_\_\_\_\_ (point of origin) to  
\_\_\_\_\_ (destination) to attend the  
\_\_\_\_\_ (name of competition) from to (dates of travel to  
competition).

I acknowledge that \_\_\_\_\_ (minor athlete) cannot share a hotel  
room, sleeping arrangement or other overnight lodging location with  
\_\_\_\_\_ (applicable Adult) at any time. I further acknowledge that  
this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Arizona Dolphins: WRITTEN PERMISSION FOR AN UNRELATED APPLICABLE  
ADULT TO PROVIDE LOCAL TRANSPORTATION TO A MINOR ATHLETE**

I, \_\_\_\_\_, legal guardian of \_\_\_\_\_,  
\_\_\_\_\_ a minor athlete, give express written permission, and grant an  
exception to the Minor Athlete Abuse Prevention Policy  
for \_\_\_\_\_, an unrelated applicable adult to provide local vehicle  
transportation to \_\_\_\_\_ (minor athlete) to  
\_\_\_\_\_ (destination) on \_\_\_\_\_ (dates) at  
\_\_\_\_\_ (approximate time), and further acknowledge that this  
written permission is valid only for the transportation on the specified date and to the  
specified location.

Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Arizona Dolphins: WRITTEN PERMISSION FOR A LICENSED MASSAGE  
THERAPIST OR OTHER CERTIFIED PROFESSIONAL OR HEALTHCARE  
PROVIDER TO TREAT A MINOR ATHLETE***

I, \_\_\_\_\_, legal guardian of  
\_\_\_\_\_, a minor athlete, give written permission, and grant  
an exception to the Minor Athlete Abuse Prevention Policy for  
\_\_\_\_\_ (massage therapist or other certified healthcare  
professional) to provide a massage, rubdown and/or athletic training modality on  
\_\_\_\_\_ (minor athlete) on  
\_\_\_\_\_ (date) at \_\_\_\_\_ (location). The  
massage, rubdown or athletic training modality must be done with at least one other  
adult present in the room and must never be done with only  
\_\_\_\_\_ (minor athlete) and \_\_\_\_\_  
(massage therapist or other certified healthcare professional) in the room. I  
acknowledge that I have the right to observe the massage, rubdown or athletic training  
modality. I further acknowledge that this written permission is valid only for the dates  
and location specified herein.

Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_