Spokane Waves Aquatic Team Travel Policy

updated 3/9/22

Purpose:

Athletes are most vulnerable to misconduct during travel, particularly overnight stays. This includes a high risk of athlete-to-athlete misconduct. During travel, athletes are often away from their families and support networks, and the setting – new changing areas, locker rooms, workout facilities, automobiles and hotel rooms – is less structured and less familiar.

Team Travel is defined as overnight travel to a swim meet or other team activity that is planned and supervised by the club or LSC.

USA Swimming Required Policies for Team Travel as adopted by the Spokane Waves Aquatic Team:

The Spokane Waves Aquatic Team will abide by the Travel Requirements as outlined in the USA Swimming Minor Athlete Abuse Prevention Policy.

IN-PROGRAM TRAVEL AND LODGING

I. Transportation
   A. During In-Program Travel, observable and interruptible environments must be maintained.
   B. An Adult Participant must not transport a Minor Athlete one-on-one during In-Program Travel and must always transport at least two Minor Athletes or another Adult Participant, except:
      1. In emergency circumstances;
      2. When a Dual Relationship exists;
      3. When the Close-In-Age Exception applies; and/or
      4. The Minor Athlete's parent/legal guardian has provided, at least annually, written consent for the Adult Participant to transport the Minor Athlete one-on-one, which can be withdrawn at any time.
   C. Adult Participants, including team managers and chaperones, who travel with the Organization must be USA Swimming non-athlete members of USA Swimming.
   D. Adult Participants who are parents/legal guardians of Minor Athletes must pick up their Minor Athlete first and drop off their Minor Athlete last in any shared or carpool travel arrangement.

II. Lodging
   A. An Adult Participant must not share a hotel room, sleeping arrangement or overnight lodging location with an Athlete.
   B. During In-Program Travel, all In-Program Contact in a hotel room, sleeping arrangement or overnight lodging location between an Adult Participant and a Minor Athlete must be observable and interruptible.
   C. During In-Program Travel, when doing room checks, two-deep leadership (two Adult Participants should be present) and observable and interruptible environments must be maintained.
   D. The following exceptions apply to II(A), (B) and (C):

1. When a Dual Relationship exists, the Adult Participant is not a coach, and the Minor Athlete's parent/legal guardian has provided advance, written consent for the lodging arrangement;
2. When the Close-In-Age Exception applies and the Minor Athlete's parent/legal guardian has provided advance, written consent for the lodging arrangement.

E. Minor Athletes should be paired to share a hotel room, sleeping arrangement or overnight lodging location with other Minor Athletes of the same competition category and of similar age.

III. Written Consent A Minor Athlete's parent/legal guardian must provide written consent, at least annually, for all In-Program Travel and lodging during In-Program Travel, which can be withdrawn at any time.

IV. Meetings

A. Meetings during In-Program Travel must be conducted consistent with the One-on-One Interactions section of this Policy (e.g., any such meeting must be observable and interruptible).

B. Meetings must not be conducted in an Adult Participant or athlete's hotel room or other overnight lodging location during In-Program Travel.

USA Swimming Recommended Policies for Team Travel as adopted by the Spokane Waves Aquatic Team:

I. During team travel, when doing room checks, attending team meetings and/or other activities, two-deep leadership and open and observable environments should be maintained, whenever possible.

II. Athletes should not ride in a coach's rental vehicle without another adult present who is the same gender as the athlete, unless prior parental permission is obtained.

III. During overnight team travel, if athletes are paired with other athletes, they shall be of the same gender and should be a similar age.

IV. Adult participants may not share a room with an athlete unless they fall under (II, D, 1& 2 above).

A. If a minor athlete is rooming with an Adult athlete (who has completed Athlete Protection training,) the parent or guardians of the Minor Athlete must complete the Consent for Minor Athlete rooming with Adult Athlete.

V. To ensure the propriety of the athletes and to protect the staff, there will be no male athletes in female athlete's rooms and no female athletes in male athlete's rooms (unless the other athlete is a sibling or spouse of that particular athlete) unless an adult participant is present.

VI. A copy of Spokane Waves Aquatic Team Travel Code of Conduct must be signed by the athlete and his/her parent or legal guardian and provided to the Head Coach, Team Admin, or designated volunteer.

VII. Each athlete traveling without a parent must provide a signed Liability Release and/or Indemnification Form to the Head Coach, Team Admin, or designated volunteer before leaving town.

VIII. Each athlete traveling without a parent must provide a signed Medical Consent or Authorization to Treat Form to the Head Coach, Team Admin, or designated volunteer before leaving town. Each athlete must provide COVID negative test results within the previous 72 hours per the SWAT COVID policy below and the competition venue requirements.

IX. Each athlete traveling with their parent or other adult instead of traveling with the team must provide a signed Activity Travel Release to the Head Coach, Team Admin, or designated volunteer before leaving town.
X. Swimmer curfews shall be decided upon by the Head Coach.
XI. The directions & decisions of coaches/chaperones are final.
XII. Team members and staff traveling with the team will attend all team functions including meetings, practices, meals, meet sessions, etc.
XIII. Swimmers are expected to remain with the team, under direct observation of chaperones at all times during the trip. Swimmers are not to leave the competition venue, the hotel, a restaurant, or any other place at which the team has gathered unless leaving with a parent or unless having prior written permission by a parent to leave with another adult.
XIV. When visiting public places such as shopping malls, movie theaters, etc. swimmers will stay in groups of no less than three persons. 12 & Under athletes will be accompanied by a chaperone.
XV. The Head Coach or his/her designee shall make a written report of travel policy or code of conduct violations to the parent or legal guardian of any affected minor athlete.

Expectations When Traveling:

a. Respect the privacy of each other;
b. All adults and swimmers must wear seat belts and remain seated in vehicles;
c. Be quiet and respect the rights of teammates and others in hotel;
d. Athletes are not to leave their rooms after the designated curfew time without contacting a chaperone first, unless there is an emergency;
e. Be prompt and on time;
f. Respect travel vehicles;
g. Use appropriate behavior in public facilities;
h. Needs and wellbeing of the team come first.
i. A chaperone will be present in all designated team areas of the swim meet as allowed by the sanction.
j. Athletes will be provided with chaperone contact information.

Financial:

a. No room service without permission;
b. Swimmers responsible for all incidental charges;
c. Swimmers responsible for any damages or thievery at hotel;
d. Must participate in contracted group meals and other activities.

The Spokane Waves Aquatic Team strives to provide a meaningful experience for swimmers at all levels with emphasis on helping members exemplify the team's core character values of Caring, Honesty, Responsibility, and Respect.

Expectations:

- All travel documentation and consent forms must be received by the team administrator at least 72 hours prior to departure. Those who are added to the team travel less than 72 hours prior to departure will need to send in documentation and consent forms as soon as possible.

- Coaches will determine room assignments and timelines and, when possible, swimmers and families will be notified of chaperone personnel and their contact numbers, lodging information, travel itinerary and daily meet travel schedule one week prior to departure. Coaches will determine the room assignments to facilitate team-building, with the consideration of any MAAP adult athlete rooming permissions after team travel paperwork is received, and with any last minute qualifying entries. The Coaches will let the swimmers know their room assignments upon arrival to the hotel and don't accept requests for specific roommates as their goal for roommate assignments is to strengthen team building.
- All swimmers will be at practice on time with all required equipment. If swimmers are going to be late or need to leave early, they will notify the coach ahead of time.
- All swimmers will follow the directions and instructions of the coaching staff and display proper respect and sportsmanship toward coaches, officials, administrators, teammates, fellow competitors and the public at all times.
- All swimmers will understand the requirements of USA Swimming Minor Athlete Abuse Protection Policy (MAAP) specifically regarding the following topics:
    - One-on-one interactions
    - Travel requirements, both local and team travel
    - Social Media and Electronic Communications
    - Locker Room and Changing Area restrictions
    - Rules regarding massages and rub-downs
- All swimmers will display proper respect and sportsmanship towards teammates, competitors, other coaches, meet officials, Aquatic staff members, and the general public.
- All swimmers will refrain from using inappropriate language or humor.
- All swimmers will refrain from intimate displays of affections towards other participants while participating at any Spokane Waves Aquatic Team practice, event or activity.
- All swimmers will only engage in age appropriate activities while participating at any Spokane Waves Aquatic Team practice, event or activity.
- No "deck changes" are permitted. Athletes are expected to use available change facilities.
- Team members are reminded when competing in meets, traveling on trips, and attending other meet-related functions, they are representing both themselves and the Spokane Waves Aquatic Team. Athlete behavior must positively reflect the high standards of our Team.
- All swimmers will report any inappropriate behavior to the coaching staff immediately upon recognizing or hearing about such behavior.

Unacceptable Behaviors:

- Insubordination to any coach, meet official, chaperone, parent volunteer, or facility staff.
- Displaying or promoting unsafe actions in or around the pool or locker room.
- The possession or use of alcohol, tobacco products, or any non-prescribed drug by any athlete is prohibited.
- The possession, use, or sale/distribution of any controlled or illegal substance is strictly forbidden.
- The possession or use of any form of weapon during swim team events is strictly forbidden.
- Theft, "borrowing or souvenir taking".
- Fighting, bullying, or disorderly conduct.
- Team members and staff will refrain from any illegal or inappropriate behavior that would detract from a positive image of the team or be detrimental to its performance objectives.

- Inappropriate communication, behaviors, or interaction between any SWAT members (i.e. inappropriate texting messages or pictures, as well as inappropriate messages or pictures on any social media communications).

Consequences of Failing to Comply with the Spokane Waves Aquatic Team Code of Conduct:

Failure to comply with the Code of Conduct as set forth in this document may result in disciplinary action issued by the Head Coach after consultation with the Spokane Waves Aquatic Team Board of directors. Such discipline may include, but may not be limited to:

a. Verbal reprimand, suspension, or dismissal from the team.
b. Proceedings for a LSC or USA Swimming National Board of Review.
c. If traveling, dismissal from the trip and immediate return home at the athlete's expense.
d. Disqualification from one or more events, or all events of a competition.
e. Disqualification from future team travel meets.
f. Financial penalties associated with canceled team travel.

COVID-19 TEAM TRAVEL ADDENDUM:

I. Team Travel:
   A. Coaches, chaperones, and athletes (any member) participating in team travel must provide a negative COVID test, regardless of vaccination status, prior to commencing travel. This test must be taken no more than 72 hours prior to travel. 1 negative PCR molecular test or 1 negative antigen test will be accepted for this purpose. Home tests will also be accepted.
   B. Face coverings are optional unless otherwise stated by sanction, facility, business, or transportation requirements.
   C. Swimmers shall provide the most current copy of any COVID vaccination records or proof of positive COVID infection in the past 90 days with their paperwork to admin@spokanewaves.org in case needed during travel or any medical treatment.
   D. If a member of a SWAT traveling team begins to experience symptoms during a team travel meet, the following measures will be taken:
      1. A mask will be required at symptom onset.
      2. Additional hotel rooms will be reserved as needed for quarantine.
      3. That member will be tested as soon as able.
      4. All members of the travel group will be considered close contacts, and subject to the guidelines, based on vaccination and symptom status listed above.
      5. Return travel plans will be determined based on the situation.

Code of Conduct Signature Form

Swimmers: Please sign below and return, along with the Waiver & Release Liability Form, Permission to Seek Emergency Treatment Form, and Activity Release Form (if applicable). No need to return Code of Conduct pages. Please keep for your records and refer to them often!

Spokane Waves Aquatic Team Swimmer Travel Code of Conduct

I have read the Spokane Waves Aquatic Team Swimmer Code of Conduct. I agree to adhere to the Code of Conduct while participating in all Spokane Waves Aquatic Team activities and competition and while traveling as a member of the Spokane Waves Aquatic Team/

_____ _____

Print Swimmer Name **Swimmer Signature** **Date**

USA Swimming Code of Conduct

My Signature indicates my understanding and acceptance of the USA Swimming Minor Athlete Abuse Prevention Policy which became effective when I registered as an athlete with USA Swimming

_____

Print Swimmer Name **Swimmer Signature** **Date**

Please also sign and return any applicable SWAT parent/legal guardian consent forms as apply to this Team travel (located in the Team documents on the SWAT web site).

- Parent/legal guardian consent for Minor Athlete Team Travel alone with Applicable Adult
- Parent/legal guardian consent for Minor Athlete Local Travel with Applicable Adult
- Parent/legal guardian consent for Minor Athlete rooming with Adult Athlete
- Parent/legal guardian consent for Massage/Rubdown/Athlete Training Modalities by licensed massage therapist or other certified professionals.

Spokane Waves Aquatic Team
Waiver and Release of Liability

This form must be read and signed before the participant is permitted to take part in any travel, training, competition and/or meeting sessions. By signing this agreement, the participant affirms having read it.

1. In consideration of my involvement in the sport and activities under the auspices of the Spokane Waves Aquatic Team and on the behalf of my heirs, executors, administrators, assigns, and myself, I hereby release and waive, and forever discharge the Spokane Waves Aquatic Team and their assigned representatives and successors from any and all claims, liabilities, actions, demands, damages, costs and expenses which I may now or in the future have against them or of them, arising out of or in any way connected with my participation in the _____.
2. I understand that the Release and Waiver includes, but is not limited to any claims that are used on any alleged negligence or other action or inaction on the above named parties.
3. I attest and verify that my physical condition and fitness permit me to safely participate in the above mentioned activity, and that no physicians or other qualified individual has advised me against participating.
4. I hereby acknowledge that participation in the said event carries with it the potential hazards of illness, injury, or death, and I hereby assume these and any and all risks by participation in the said event.
5. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury and/or other illness during the event.
6. I hereby agree to comply with all the rules, regulations and event instructions of the Spokane Waves Aquatic Team. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately.
7. I assume all of the above risks and assume and will pay my own medical and emergency expenses in the event of accident, illness, and/or other incapacity, regardless of whether I have authorized such expenses.
8. I hereby acknowledge that I have sole responsibility for and assume complete risk of loss and damage to my personal possessions and athletic equipment during the above said activity.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature: _____ **Date** _____

Participant's Name (Printed): _____

For Participants of Minority Age

This is to certify that we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the release from any and all liability incident to my/our minor child's involvement stated above, even if arising from the negligence of the releases, to the fullest extent permitted by law.

Parent/Legal Guardian Signature _____**Date** _____

Parent/Legal Guardian Signature_____

Permission to Seek Emergency Treatment

Authorization

_____ has permission to take the following actions for my child:

1. To seek EMERGENCY medical, dental, or surgical treatment for my child while I am not present.
2. To transport my child in a private automobile in order to seek EMERGENCY medical, dental, or surgical treatment.
3. To transport my child in an emergency vehicle in order to seek EMERGENCY medical, dental, or surgical treatment.
4. To transport my child for any reason in a private automobile.
5. Other: _____

_____ _____
Signature of Parent or Legal Guardian Date of Release

_____ _____
Signature of Parent or Legal Guardian Date of Release

Emergency Treatment Release

I give my permission for a licensed physician, dentist, emergency medical personnel, or hospital to provide EMERGENCY medical service to my child, _____, at the request of the person bearing this consent form. I agree to pay any cost and fees associated with the emergency treatment as secured under this authorization of consent form.

_____ _____
Signature of Parent or Legal Guardian Date of Release

_____ _____
Signature of Parent or Legal Guardian Date of Release

Insurance Information

Policy Holder: _____ Phone #: _____

Insurance Company: _____ Phone #: _____

Group #: _____ ID#: _____

Please list any allergies or dietary restrictions for your swimmer:_____