



GATOR SWIM CLUB TEAM TRAVEL POLICY

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

Section 1 - USA Swimming Required Policies

These items are Code of Conduct stipulations in the USA Swimming Rulebook:

- a. Club travel policies must be signed and agreed to by all athletes, parents, coaches and other adults traveling with the club. (305.5.D)
- b. Team managers and chaperones must be members of USA Swimming and have successfully passed a USA Swimming-administered criminal background check. (305.5.B) and successfully completed the USA Swimming Athlete Protection Training.
- c. Regardless of gender, a coach shall not share a hotel room or other sleeping arrangement with an athlete (unless the coach is the parent, guardian, sibling, or spouse of that particular athlete). (305.5.A)
- d. When only one athlete and one coach travel to a competition, the athlete must have his/her parents' (or legal guardian's) written permission in advance to travel alone with the coach. (305.5C)

Section 2 - Additional Gator Swim Club Policies

- a. For each travel event, the Head Coach will determine which athletes are eligible to attend based on training groups, age and/or cut times. The Head Coach will also determine the number of chaperones needed based on the number of athletes attending and their ages.
- b. Coaches, chaperones, athletes and their legal guardian(s) are required to attend a team travel meeting, which will be held roughly one week before the travel event. At this time, the Head Coach will review rules and expectations, receive updated medical information and forms, review event timelines, etc.
- c. During team travel, when doing room checks, attending team meetings and/or other activities, two-deep leadership (two adults), as well as open and observable environments should be maintained.
- d. Athletes should not ride in a coach's vehicle without another adult present who is the same gender as the athlete, unless prior parental permission is obtained.
- e. During overnight team travel, if athletes are paired with other athletes they shall be of the same gender and should be a similar age. The coaching staff will assign rooms. Chaperones and/or team managers will ideally stay in nearby rooms.
- f. When only one athlete and one coach travel to a competition, at the competition the coach and athlete should attempt to establish a "buddy" club to associate with during the competition and when away from the venue.
- g. 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).

- h. To ensure parental consent for any emergency medical treatment for any athlete, the following protocol is required:
 - i. The team's Emergency Medical Authorization, Release and Medical History Form must be signed by each athlete and their guardian, and carried by the Head Coach at all times. (See page 5.)
 - ii. The guardian for each athlete affirms that they will be reachable by phone throughout the period of travel;
 - iii. The head coach or Chaperone shall contact the guardian by phone with notice of the need for treatment and where possible connect the guardian to the emergency treatment providers for direct contact;
 - iv. If the guardian cannot be reached, the Head Coach or Chaperone will use the Emergency Medical Authorization, Release and Medical History Form to authorize treatment.
- i. The team's Travel Assumption or Risk and Release of Liability Form must be signed by each athlete and their guardian. (See page 8.)
- j. Curfews shall be established by the team staff each day of the trip.
- k. Team members and staff traveling with the team will attend all team functions including meetings, practices, meals, meet sessions, etc. unless otherwise excused or instructed by the head coach or his/her designee.
- l. The directions and decisions of coaches/chaperones are final.
- m. Athletes are expected to remain with the team at all times during the trip. Athletes are not to leave the competition venue, the hotel, a restaurant, or any other place at which the team has gathered without the permission/knowledge of the coach or chaperone.
- n. When visiting public places such as shopping malls, movie theaters, etc. athletes will stay in groups of no less than three persons. Twelve & Under athletes are required to remain with a chaperone at all times.
- o. The Head Coach or his/her designee shall make a written report of travel policy or code of conduct violations to the appropriate club leadership and the parent or legal guardian of any affected minor athlete. See Section 4 for violations policy.
- p. Safety measures:
 - i. Additional guidelines to be established as needed by the coaches;
 - ii. Supervised team room may be provided for relaxation and recreation (when available);
 - iii. Respect the privacy of each other;
 - iv. Only use hotel rooms with interior entrances; and
 - v. Must wear seat belts and remain seated in vehicles.
- q. Expected behavior:
 - v. Be quiet and respect the rights of teammates and others in hotel;
 - vi. Be prompt and on time;
 - vii. Cell phones are to be used on the pool deck for music only and coach(es) reserve the right to ask that they be turned off if this is being abused. Phones will be turned into chaperones or coach(es) at curfew each evening and returned at breakfast.
 - viii. Respect travel vehicles;
 - ix. Follow any travel dress code requirements;
 - x. Use appropriate behavior in public facilities;
 - xi. Respect curfews (in own rooms and lights out) that are set by the coach and chaperones;
 - xii. Must stay in assigned hotel room; and

- xiii. Needs and well-being of the team come first.
- r. Financial obligations:
 - i. If an athlete is registered to attend the travel event and can no longer attend after the registration deadline set in the team's website (TeamUnify), meet fees and event expenses are non-refundable;
 - ii. No room service without permission;
 - iii. Athletes are responsible for all incidental charges;
 - iv. Athletes are responsible for any damages or thievery at hotel;
 - v. Athletes must participate in contracted group meals; and
 - vi. All travel arrangements will be arranged and booked by Gator Swim Club, not by parents or athletes.

Section 3 - Code of Conduct / Honor Code

- a. Team members will display proper respect and sportsmanship toward coaches, officials, administrators, teammates, fellow competitors, chaperones and the public at all times.
- b. 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.
- c. The possession or use of alcohol or tobacco products by any athlete is prohibited.
- d. The sharing of prescription medications with another athlete is prohibited.
- e. The possession, use, or sale/distribution of any controlled or illegal substance or any form of weapon is strictly forbidden.
- f. No "deck changes" are permitted. Athletes are expected to use available change facilities.
- g. Attendance is required at all team functions which include, but are not limited to, meetings, practices, or competitions unless otherwise excused or instructed by the Head Coach or designated person in charge of the team.
- g. Team members are reminded that when competing in meets, traveling on trips, and attending other meet-related functions, they are representing both themselves and Gator Swim Club. Athlete behavior must positively reflect the high standards of the club.

Section 4 – Violation of the Travel Policy or Code of Conduct/Honor Code

- a. Failure to comply with the rules set forth in this document may result in disciplinary action. Such discipline may include, but may not be limited to:
 - i. Dismissal from the trip, requiring the legal guardian to pick up the athlete in a timely manner and return home at the athlete's expense;
 - ii. Disqualification from one or more events, or all events of competition;
 - iii. Disqualification from future team travel meets;
 - iv. Financial penalties;
 - v. Dismissal from the team; and/or
- b. Athletes are to refrain from inappropriate physical contact at team activities and events.
- c. Athletes are to refrain from use of inappropriate language.

I hereby acknowledge that I have read, understand and will comply with the Gator Swim Club Team Travel Policy and Code of Conduct.

Name of Athlete

Signature of Athlete

Date

Signature of Parent/Guardian for Athlete

Date

**GATOR SWIM CLUB
MOTOR VEHICLE PERMISSION FORM**

I hereby give my child, _____, permission to ride in a privately-owned or rented motor vehicle operated by a team travel chaperone and/or coach. This adult must be over the age of 21, have a valid driver's license and be USA Swimming vetted.

I understand that, by virtue of his/her participation in swim team activities and by my execution of this form, permission is presumed granted for my child or ward to travel with the team coach and/or team travel chaperone for the purpose of (a) an emergency or (b) an activity or event (e.g., practice, meet, trip or event) which is sponsored by, or affiliated with, Gator Swim Club. I hereby agree to release and to hold Gator Swim Club and driver harmless for damages related to any injury or death suffered by my child or ward following his or her departure in a vehicle operated by those listed above.

Signature of Parent/Legal Guardian: _____

Printed Name: _____

Date: _____

**GATOR SWIM CLUB
EMERGENCY MEDICAL AUTHORIZATION, RELEASE AND MEDICAL HISTORY FOR
ATHLETE**

If the athlete identified below becomes injured or otherwise needs emergency medical attention, I authorize Gator Swim Club, through _____ (Head Coach) or his/her designee/chaperone, to obtain medical assistance. I authorize the Head Coach or his/her designee/chaperone to act for me according to his/her best judgment and ability. This authorization covers all times that the athlete is under the supervision of Gator Swim Club for _____ (name of activity).

ATHLETE INFORMATION:

Name: _____

Date of Birth: _____

Age: _____

Address: _____

List any medications or dosage that the athlete will be taking during the trip. Does the chaperone/coach need to supervise the administration of this medication? **yes** **no**

Name of Medication:	Dosage:	Time of Administration or Other Instructions:

Please indicate any pre-existing health conditions: (include any allergies)

Does your child need to carry an epi-pen or asthma inhaler with them at all times?

yes no

PARENT/LEGAL GUARDIAN INFORMATION:

	Mother/Guardian	Father/Guardian
NAME		
ADDRESS		
HOME PHONE		
CELL PHONE		
WORK PHONE		
INSURANCE COMPANY**		
INSURANCE PHONE NUMBER**		
POLICY NUMBER**		

*****PLEASE ATTACH COPY OF INSURANCE CARD.***

	Name	Address	Phone
CHILD'S DOCTOR			
CHILD'S DENTIST			

EMERGENCY CONTACT(S) SHOULD PARENT/LEGAL GUARDIAN BE UNAVAILABLE:

NAME		
RELATIONSHIP TO ATHLETE		
PHONE		

Is there any other pertinent health information that Gator Swim Club should know about the athlete?

PARENTAL/GUARDIAN AUTHORIZATION FOR MEDICAL TREATMENT OF MINOR:

This form is correct and accurately reflects the health status of my child. I authorize Gator Swim Club's Head Coach and/or designated chaperones to provide routine healthcare, dispense medications, and seek emergency treatment for my child. If a situation occurs in which my child needs immediate medical attention, I give permission to the medical staff selected by Gator Swim Club's Head Coach and/or designated chaperones to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I, or the emergency contact listed above, cannot be reached in an emergency, I give my permission to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child. In addition, the selected medical staff has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the medical staff about my child's health status. Gator Swim Club is not responsible for any medical costs incurred on behalf of the child.

Signature of Parent/Legal Guardian

Date

**GATOR SWIM CLUB
TRAVEL ASSUMPTION OR RISK AND RELEASE OF LIABILITY**

I, _____, freely choose to participate in the _____ (name of Activity or Competition) (henceforth referred to as the "Activity/Competition"). In consideration of my participation in this Program, I agree as follows:

INSTITUTIONAL ARRANGMENTS: I understand that the Gator Swim Club, _____ (name of Executive Director / Swim Coach), and any driver or chaperone for this Activity/Competition are not agents of, and have no responsibility for, any third party, which may provide any services including food, lodging, travel or other goods or services associate with the Program. I understand that Gator Swim Club and Drivers/Chaperones are providing these services only as a convenience to the participant(s) and that accordingly, Gator Swim Club and Drivers/Chaperones accept no responsibility, in whole or in part, for delays, loss, damage or injury to the persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging. I further understand that Gator Swim Club and Drivers/Chaperones are not responsible for matters that are beyond their control. I acknowledge that Gator Swim Club reserves the right to cancel the trip without penalty or to make any modifications to the itinerary and/or program as deemed necessary by Gator Swim Club.

INDEPENDENT ACTIVITY: I understand that Gator Swim Club is not responsible for any loss or damage I may suffer when I am traveling independently, or I am otherwise separated or absent from any Gator Swim Club activity. In addition, I understand that any travel that I do independently on my own before or after the Gator Swim Club sponsored Activity/Competition is entirely at my own expense and risk.

HEALTH AND SAFETY: I recognize that Gator Swim Club is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility, therefore. In case of an emergency occurring during my participation in this Activity/Competition, I authorize in advance the representative of Gator Swim Club to secure whatever treatment is necessary, including the administration of an anesthetic and surgery. Gator Swim Club may (but is not obligated) to take any action it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses related thereto and release Gator Swim Club and Drivers/Chaperones from any liability for any action. I have also completed the separate Portland Porpoise Swim Club Emergency Medical Release and Medical History for Athlete form.

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above and in voluntary consideration of being permitted to participate in the Activity/Competition, I agree to release, indemnify and defend Gator Swim Club and Drivers/Chaperones and their officials, officers, employees, agents, volunteers, sponsors, and students from and against any claim which the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation in this Activity/Competition.

SIGNATURE: I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Maine which shall be the forum for any lawsuits filed under or incident to this Release Form or to the Program. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Athlete

Date

Signature of Parent / Legal Guardian (if athlete is a minor) Date