

Team Travel Meet Authorization & Code of Conduct



Team Travel Meet: _____

Dates: _____

This document outlines Albany Armada Aquatics' travel policies, athlete conduct expectations, and required medical and liability authorizations for swimmers participating in team travel meets. These policies are designed to ensure athlete safety, compliance with USA Swimming Athlete Protection Policies, and a positive team experience.

Swimmer & Parent Information

Swimmer's Full Legal Name: _____
(First, Middle, Last)

Date of Birth (MM/DD/YYYY): _____

Parent/Legal Guardian Name(s): _____

Home Phone: _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

Secondary Parent/Guardian Cell Phone: _____ Work Phone: _____

Armada Honor Code & Travel Expectations

As a member of Albany Armada Aquatics (AAA), I understand and agree to comply with the following expectations during team travel:

- I will conduct myself in a manner that reflects positively on Albany Armada Aquatics and contributes to a safe, respectful, and performance-focused team environment.
- Attendance is required at all team activities during travel, including meetings, meals, practices, competitions, and team functions, unless otherwise excused by the Head Coach or designated lead coach.
- I understand that additional guidelines may be established as needed to ensure the safety and well-being of the team, and I agree to comply with them.
- Any violations of this Honor Code or USA Swimming Athlete Protection Policies may result in disciplinary action.

Athlete Protection & Supervision Policies

- **One-on-One Travel Rule:**
When only one athlete and one coach travel to a competition, written parental permission must be provided in advance. The signed permission form must be carried by the coach during the trip.
(USA Swimming Rule 305.5.3)
- In the event of any violation of the Honor Code or USA Swimming Athlete Protection Policies, the Head Coach or chaperone will make a written report to the parent or legal guardian of the affected athlete.
- The possession, use, sale, or distribution of illegal substances or weapons is strictly prohibited.

Hotel Conduct & Room Policies

- Coaches shall not share hotel rooms or sleeping arrangements with athletes unless the coach is the athlete's parent, legal guardian, sibling, or spouse.
(USA Swimming Rule 305.5.1)
- Athletes sharing rooms will be of the same gender and similar age when possible.
- Chaperones and coaches will stay in nearby rooms.
- Curfews will be established for each day of the trip, including:
 - A **room curfew**
 - A **lights-out/quiet curfew**
- Athletes found outside their assigned rooms after curfew without permission will be considered in violation of team policies.
- Guests in hotel rooms require explicit permission from a chaperone. When non-assigned athletes are present, the room door must remain fully open and visible from the hallway.
- Athletes must dress appropriately in hotel hallways and public areas.
- Athletes may not incur incidental room charges (room service, movies, internet, etc.) without prior approval from the Head Coach.
- Any damages, excessive mess, or loss incurred will be the financial responsibility of the athletes assigned to the room and may result in further disciplinary action.

Transportation & Public Conduct

- Athletes traveling without parents must remain with the team at all times unless given explicit permission by the Head Coach or lead chaperone.
- Athletes may not leave the competition venue, hotel, restaurant, or team gathering location without coach approval.
- When visiting public places, athletes must remain in groups of a size specified by the coaching staff. Athletes 12 and under must be accompanied by a coach or chaperone.
- Athletes may not ride alone in a coach's vehicle without another adult present (same gender as the athlete), unless prior written parental permission is provided.

Disciplinary Action

Failure to comply with these policies may result in disciplinary action, including but not limited to:

- Disqualification from one or more events
- Dismissal from the trip and immediate return home at the athlete's expense
- Suspension from future team travel meets
- Financial penalties
- Suspension or dismissal from Albany Armada Aquatics

Authorization to Consent to Emergency Medical Treatment

I/we, the undersigned parent(s)/legal guardian(s) of _____, a minor, authorize Albany Armada Aquatics coaching staff to act on my/our behalf to consent to emergency medical treatment when I/we cannot be reached in a timely manner.

This authorization includes emergency transport, medical evaluation, diagnostic procedures, and treatment deemed necessary by a licensed physician. I/we authorize the release and receipt of medical information necessary for treatment.

This authorization is given in advance of any specific diagnosis or treatment and remains in effect for the duration of team travel.

Parent/Guardian Signature: _____ Date: _____

Assumption of Risk & Athletic Participation Consent

I/we give consent for my/our child to participate in Albany Armada Aquatics training, competitions, and team travel. I/we understand that participation in athletics involves inherent risks, including injury or illness, and I/we voluntarily assume those risks.

I/we authorize AAA staff to release and receive medical information related to my/our child's athletic participation as necessary for continuity of care.

Parent/Guardian Signature: _____ **Date:** _____

Travel Expenses Acknowledgement

I/we agree to assume all travel-related expenses associated with my/our swimmer's participation in this team travel meet.

Parent/Guardian Signature: _____ **Date:** _____

Emergency & Medical Information

Swimmer Name: _____

Date of Birth: _____

Emergency Contact: _____ **Relationship:** _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Physician Name: _____ **Phone:** _____

Dentist Name: _____ **Phone:** _____

Medical Insurance Provider: _____

Policy Number: _____

Insurance Phone Number: _____

Medical History & Permission to Treat

(Attach copy of medical insurance card)

Please list all allergies, medical conditions, medications, and any special instructions we should be aware of:

Medications that may be administered for minor illness or discomfort (check yes/no):

- Tylenol Yes No
- Advil/Motrin Yes No
- Benadryl Yes No
- Tums Yes No
- Cough Drops Yes No

Parent/Guardian Signature: _____ Date: _____

Mandatory Reporter Notice

Albany Armada Aquatics staff are mandatory reporters under USA Swimming policies and applicable law. Any concerns related to athlete safety or misconduct will be documented and reported through appropriate channels.

Assumption of Risk / Waiver of Liability / Indemnification

I have read and fully understand this Assumption of Risk and Waiver of Liability. I knowingly and voluntarily assume all risks associated with participation and agree to release and hold harmless Albany Armada Aquatics, its staff, volunteers, and affiliates to the fullest extent permitted by law.

Swimmer Name (Print): _____

Parent/Guardian Signature: _____

Date: _____