SAN GABRIEL AQUATICS

Team Travel Policy

The **San Gabriel Aquatics** (SGA) travel policy is patterned after the USA Swimming Model Travel Policy of required and recommended policies. The USA Swimming Rulebook is referenced in parenthesis. All applicable SGA policies and rules, USA Swimming rules and procedures apply, as well as all applicable state, federal and local laws, whether or not specifically referenced in this policy.

Purpose

To ensure a safe environment for athletes during travel and to establish procedures to minimize vulnerability of athletes in unfamiliar environments, particularly when athletes are away from their families and staying overnight.

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. Club travel documents and policies must be signed and agreed to by all athletes, parents, coaches and other adults traveling with the club. (305.5.D)

Policy

1. Team managers and chaperones must be members of USA Swimming and have successfully passed a USA Swimming-administered criminal background check. (305.5.B)
2. Regardless of gender, a coach shall not share a hotel room or other sleeping arrangements with an athlete (unless the coach is the parent, guardian, sibling, or spouse of that particular athlete). (305.5.A)
3. During team travel, when doing room checks, attending team meetings and/or other activities, two-deep leadership (i.e. two adults present) and open and observable environments should be maintained.
4. 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.
5. During overnight team travel, if athletes are paired with other athletes for lodging, they shall be of the same gender and should be of a similar age. Where athletes are age 9 & over, chaperones and/or team managers would ideally stay in nearby rooms. Athletes 8 & under must be accompanied by a parent (or legal guardian) (or other adult (not employed by SGA) authorized by such parent or legal guardian). Athletes 8 & under who are not so accompanied will not be permitted on team travel events and SGA shall assume no responsibility for Athletes 8 & under.
6. 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.
7. To ensure the propriety of the athletes' behavior 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, or unless each athlete is under the direct supervision of such athlete's parents or legal guardian).
8. A copy of this Travel Policy must be signed by the athlete and his/her parent or legal guardian.
9. SGA or LSC (when applicable) should obtain a signed Travel Policy Waiver and Release of Liability for each athlete in the form attached as ***Exhibit A***.
10. SGA or LSC (when applicable) should carry a signed Permission to Seek Emergency Treatment Authorization for each athlete in the form attached as ***Exhibit B***.
11. Curfews shall be established by SGA staff each day of the trip.
12. Athletes shall behave appropriately at times at the competition venue, team activities and hotel—including being quiet and well behaved in the hotel, being respectful, being respectful and displaying good sportsmanship, being prompt, following directions of the coaching staff and chaperones and hotel and venue personnel.
13. The possession or use of alcohol or tobacco products by any athlete is prohibited. The possession, use, or sale/distribution of any controlled or illegal substance or any form of weapon is strictly forbidden.

14. Athletes are responsible for their actions while on team travel, including any damage to property.
15. If an Athlete will be staying with someone other than at the team designated venue, the authorization form attached as ***Exhibit C*** must be provided.
16. 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.
17. The directions & decisions of coaches/chaperones are final. Each family and Swimmer consents to the supervision of coaches and chaperones on team travel events and agrees to abide by their instructions.
18. Swimmers are expected to remain with the team 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 without the permission/knowledge of the coach or SGA staff.
19. When visiting public places such as shopping malls, movie theatres, etc. swimmers will stay in groups of no less than three persons. 12 & Under athletes will be accompanied by a chaperone.
20. The athlete's family is responsible for all expenses incurred by the athlete while on team travel (including hotel, hotel incidentals (room service, meals, mini-bar, etc.). In the event reimbursement for any expenses is available from any source (club, LSC, etc.), such reimbursement will be established separately and if such reimbursements are not ultimately paid to the athlete/family, the family is still responsible for such expenses. If SGA advances any expenses for the athlete, the family shall be responsible for repaying such expenses to SGA.
21. The Head Coach or his/her designee shall make a written report of travel policy or code of conduct violations to SGA leadership and/or the appropriate LSC leadership and the parent or legal guardian of any affected minor athlete.
22. Failure to comply with the Team Travel Policy may result in disciplinary action. Such discipline may include, but may not be limited to:
    i. Dismissal from the trip and immediate 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
    vi. Proceedings for a LSC or USA Swimming Board of Review

SGA Swimmer Travel Policy Signature Form

I agree to the SGA Travel Policy and understand the consequences of any violation.

_____	_____	_____
Print Swimmer Name	***Swimmer Signature***	***Date***
_____	_____	_____
Print Parent/Guardian Name	***Parent/Guardian Signature***	***Date***

Exhibit A

SAN GABRIEL AQUATICS

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 **San Gabriel Aquatics** (SGA), and on the behalf of my heirs, executors, administrators, assigns, and myself, I hereby release and waive, and forever discharge the SGA, its officers and directors and employees and agents, and their assigned representatives and successors ("Releases") 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 any team travel event (including participation in the event, travel to and from the event, and activities while at the event) .
2. I understand that this Waiver and Release 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 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.
6. 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.
7. I have been informed of and agree to the travel arrangements and lodging arrangements for the Team Travel event.

I have read this Waiver and Release of Liability, 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 under Age 18

This is to certify that as parent(s)/legal guardian(s) of _____, 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 Releases 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 Name (Printed) _____

Exhibit B

SAN GABRIEL AQUATICS

Permission to Seek Emergency Treatment Authorization

San Gabriel Aquatics (SGA) coaches, personnel and chaperones have permission to take the following actions for my child while on **SGA**:

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. 3. To transport my child in an emergency vehicle in order to seek EMERGENCY medical, dental, or surgical treatment.

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

Parent/Legal Guardian Name (Printed) _____

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.

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

Parent/Legal Guardian Name (Printed) _____

Insurance Information

Policy Holder: _____

Insurance Company: _____ Group #: _____

ID#: _____ Phone #: _____

Exhibit C

SAN GABRIEL AQUATICS

Travel Authorization to Travel without Team Supervision

I understand **San Gabriel Aquatics** (SGA) policies encourage a swimmer to travel and stay with the team at all travel meets. I understand a departure from this requirement will release **SGA** from any responsibility to supervise my swimmer or otherwise provide for the safety and well being of my swimmer while at the team travel event listed below.

By signing below, I understand I have agreed to release the **SGA** and its coaches, directors, and employees from all liability regarding my swimmer's travel and lodging at the meet referenced below.

I certify either (a) I am personally transporting and providing lodging for the above-named swimmer or (b) I have arranged transportation and lodging for my swimmer with another adult other than myself.

I certify that my swimmer and all adults responsible for my swimmer will adhere to all applicable **SGA** team policies, USA Swimming policies, and all applicable state, federal and local laws.

The adult listed below is responsible for my swimmer, including providing transportation and overseeing lodging arrangements, in my absence. I release **SGA** from any responsibility for supervising or otherwise being responsible for my swimmer.

Responsible Adult #1 _____***Date*** _____

Responsible Adult Name (Printed) _____

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

Parent/Legal Guardian Name (Printed) _____