**Spokane Waves Aquatic Team Travel Policy**

**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:**

a. Club travel documents must be signed and agreed to by all athletes, parents, coaches and other adults traveling with the club. (USA Swimming Rulebook 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)

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. A coach cannot travel alone to a competition with a swimmer. A third person, preferably the swimmer’s parent, must also travel and attend the competition.

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

a. 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.

b. 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.

c. During overnight team travel, if athletes are paired with other athletes, they shall be of the same gender and should be a similar age. Where athletes are age 13 & over, chaperones and/or team managers would ideally stay in nearby rooms. When athletes are age 12 & under, chaperones and/or team managers may stay with athletes. Where chaperones/team managers are staying in a room with athletes, they should be the same gender as the athlete and written consent should be given by athlete’s parents (or legal guardian).

d. 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 a coach or parent is present.

e. 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.

f. 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.

g. 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.

h. 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.

i. Swimmer curfews shall be decided upon by the Head Coach.

j. The directions & decisions of coaches/chaperones are final.

k. Team members and staff traveling with the team will attend all team functions including meetings, practices, meals, meet sessions, etc.

l. 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 unless leaving with a parent or unless having prior written permission by a parent to leave with another adult.

m. 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.

n. The Head Coach or his/her designee shall make a written report of travel policy or code of conduct violations to 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. Be prompt and on time;

e. Respect travel vehicles;

f. Use appropriate behavior in public facilities;

g. Needs and wellbeing of the team come first.

**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 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 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 cancelled team travel.

**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 Code of Conduct**

I have read the Spokane Waves Aquatic Team Swimmer Code of Contact. 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/

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**Print Swimmer Name Swimmer Signature Date**

**USA Swimming Code of Conduct**

My Signature indicates my understanding and acceptance of the USA Swimming Code of Conduct which became effective when I registered as an athlete with USA Swimming

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**Print Swimmer Name Swimmer Signature Date**

**Spokane Waves Aquatic Team**

**Wavier 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 Releasee from any and all liability incident to my/our minor child’s involvement stated above, even if arising from the negligence of the releasees, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent or Legal Guardian Date of Release

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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

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Signature of Parent or Legal Guardian Date of Release

**Insurance Information**

Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_