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| **A close up of a sign  Description automatically generated** | Policies and Procedures | |
| Subject: LSC Travel and Select Teams | Document Number: 701  Version Number: 3 | Effective Date: September 14, 2021  Last Revision: September 14, 2021 |

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# POLICY OVERVIEW

* 1. Sections two (2) and three (3) give general information applicable to the entire policy.
  2. Section four (4) outlines requirements that those who apply for travel expense reimbursement (all or part) from the LSC must comply with.
  3. Sections five (5) and six (6) outlines requirements that LSC sponsored travel groups must comply with.
  4. Section seven (7) details financial policies related to LSC sponsored travel.
  5. Section eight (8) details policy and provides information related to the UTSI Age Group Zone Team
  6. Section nine (9) lists documents and forms applicable to this policy.
  7. Sections ten (10) and eleven (11) outline administrative procedures and responsibility for ongoing policy implementation, notification, and distribution.
  8. The Appendix contains sample trip documents.
  9. The Appendix Folder contains files used in the past.
     1. ***NOTE: Past files may or may not conform to current requirements. It is the responsibility of the Team or Trip Manager to ensure compliance before distribution.***

# PURPOSE OF POLICY

* 1. The purpose of this policy is to govern LSC reimbursed and sponsored travel. It sets forth specific requirements to promote athlete safety and compliance with state law, Minor Athlete Abuse Prevention Policy (MAAPP), and other USA Swimming and Utah Swimming regulations.
  2. Sample and previously used trip documents are provided to help future trip leaders more quickly build policy complying documents for their trip.
     1. ***NOTE: Past files may or may not conform to current requirements. It is the responsibility of the Team or Trip Manager to ensure compliance before distribution.***

# DEFINITIONS

* 1. **Adult:** Person aged 18 or older
  2. **Affiliated Board Member:** The UTSI Board Member who has administrative responsibility for the group or event. If it is not clear who this is, the Executive Committee may decide.
  3. **Affiliated Committee:** The UTSI Standing Committee affiliated with the group or event. If it is not clear which committee this is, the Executive Committee may decide.
  4. **Appendix:** Supplementary material located at the end of some Utah Swimming Policies and/or Procedure documents. Appendix material is not mandated policy and therefore does not require board approval to change.
  5. **Chaperone:** USA Swimming Non-Athlete member, age 21 or older and in good standing who is also not a coach.
  6. **Coach:** Currently registered Coach Member of USA Swimming in good standing with no requirements missing, expired or “Not Met.”
  7. **Competition Category***: (Definition from USA Swimming rulebook)* Male or female for the purpose of athlete swimming eligibility, competition, selection and records. An athlete’s stated competition category shall be referred to as “gender.”
  8. **Emergency Circumstances:** *(Definition from USA Swimming Minor Athlete Abuse Prevention Policy – MAAPP)* A serious, unexpected and possibly dangerous situation that requires quick action and cannot be avoided. Emergency circumstances include, but are not limited to: a physical, mental or emotional medical emergency involving the Minor Athlete, relative of the Minor Athlete or relative of an Adult Participant; a Minor Athlete’s suicidal ideations/behavior; a report of abuse; a severe weather event; and last-minute practice changes.
  9. **In Good Standing:** See *Membership* Article of Utah Swimming Bylaws for guidelines regarding membership status.
  10. **LSC:** Local Swim Committee, the regional governing body for USA Swimming. The LSC for the state of Utah is Utah Swimming.
  11. **MAAPP**: Minor Athlete Abuse Prevention Policy
  12. **Minor:** A person aged 17 or younger
  13. **Parent:** Parent or legal guardian of a minor athlete
  14. **Quick Tip:** Information included by not required
  15. **Staff:** Anyone paid by Utah Swimming or volunteers designated as “Staff” in a Utah Swimming sponsored travel or other group.
  16. **USA Swimming:** USA Swimming, Inc., a Colorado nonprofit corporation which is the national governing body for the United States for the sport of swimming.
  17. **UTSI:** Utah Swimming, Inc. A Utah not-for-profit corporation.

# MINIMUM REQUIREMENTS OF ALL THOSE REIMBURSED WITH LSC FUNDS FOR INDIVIDUAL TRAVEL RELATED EXPENSES

Criteria, selection, and the application process for individual travel expense reimbursement for athletes, coaches, and officials is set forth in other policies. All who receive reimbursement of travel expenses, in whole or in part, from LSC funds must sign that they adhered to the following while on the trip for which they are seeking reimbursement.

* 1. Minor Athlete Abuse Prevention Policy (MAAPP)
  2. USA Swimming Code of Conduct
  3. Utah Swimming Athlete Protection Policies. (Listed in policy #302 *Athlete Protection Policies* on the [UTSI Policies and Procedures](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures) webpage.)

# MINIMUM REQUIREMENTS OF ALL PARTICIPAINTS IN LSC TRAVEL GROUPS

## Adherence to Behavioral Standards

Adherence to MAAPP and USA and Utah Swimming rules and Athlete Protection Policies. If the travel group has additional rules or policies, they also must be adhered to by participants.

* + 1. Utah Swimming Athlete Protection Policies include but are not limited to those listed in #302 (Athlete Protection Policies) listed on [UTSI Policies and Procedures](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures) webpage.

## Signed Agreement Form

A signed agreement form for each participant must be on file with a Utah Swimming Representative. If the traveler is a minor, their parent/guardian must also sign. The agreement form must include:

* + 1. MAAPP Review Acknowledgement and Adherence Statement
    2. Agreement to adhere to USA Swimming rules and Code of Conduct
    3. If the trip has additional travel rules, policies, or behavioral expectations, the form must also include a review acknowledgement and adherence statement for them.
    4. Parent/Guardian permission for participating minors

## Medical History, Insurance Information, and Permission to Treat

* + 1. A completed medical history form including insurance information and a signed “Permission to Treat” clause must be on file with a Utah Swimming Representative for each trip participant. If the traveler is a minor, their parent/guardian must also sign.

# ADDITIONAL REQUIREMENTS FOR LSC TRAVEL GROUPS THAT INCLUDE MINORS

## Team or Trip Manager

* + 1. The Board Member with Administrative Responsibility for the travel group will designate a Team or Trip Manager for each LSC Sponsored Travel Group.
       1. For example, the Age Group Chair designates the Team Manager for the Age Group Zone Team. The General Chair designates the Trip Manager for the group traveling to Convention, Zone Workshops, and other leadership travel.
    2. If it is unclear which board member has administrative responsibility for the travel group, the Executive Committee will decide.
    3. A Team or Trip Manager must be a member of Utah Swimming and USA Swimming in good standing and comply with the requirements listed in this policy.

## Trip Documents and Information

IN ADDITION to the *Minimum Requirements of All Participants in LSC Travel Groups* listed in the section above, UTSI Travel Groups that include minors must also provide the following trip documents or information. **The Team or Trip Manager creates the trip documents. The UTSI Safety Chair and Board Member with Administrative Responsibility for the trip must approve the Trip Documents before distribution.** The following elements are required.

Additional documents or elements may be added as needed. Sample and past trip documents are provided in the Appendix. *NOTE: Past files may or may not conform to current requirements. It is the responsibility of the Team or Trip Manager to ensure compliance before distribution.*

It is the Team or Trip Manager’s responsibility to ensure all travelers return signed paperwork and files as outlined. They also retain the paperwork and files throughout the trip and properly destroy or transfer afterwards. Medical information must be destroyed within a week after the trip. The Agreement Forms and any other signed paperwork and files shall be given to the Administrative Assistant to the Board who will retain them for three years.

### Travel Policies, including Behavior Expectations and Grievance Procedure

All travel policies for this trip, including MAAPP, behavior expectations, and grievance procedure.

**Behavior Expectations QUICK TIP**: In addition to the sample located in the Appendix of this policy, USA Swimming has model Code of Conduct files for Athlete, Coach, and Parent Code of Conducts which can be used to make behavior expectation lists when needed. They are posted on the USA Swimming website.

**Grievance Procedure QUICK TIP**: In addition to the sample located in the Appendix of this policy, USA Swimming has model Grievance Procedures posted on their website.

### Concussion Informed Consent and Acknowledgement Form

If the trip includes athletic participation of any kind, minor athletes and their parents/guardians must be given the *Concussion in Youth Sports Fact Sheet and Informed Consent Acknowledgement.* They must review, then sign and return the acknowledgement portion of the document. A signed acknowledgement must be on file with a UTSI representative for each minor participant.

The *Concussion in Youth Sports Fact Sheet and Informed Consent Acknowledgement* is in the appendix of policy #303 (Concussion) on the [UTSI Policies and Procedures webpage](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures).

### Team or Trip Manager Contact Information

Provide contact information for both before and during the trip.

### 2nd Travelling Adult Contact Information

May be Head Coach or another traveling adult representing Utah Swimming. Provide contact information for both before and during the trip.

### Trip Itinerary and Logistical Information

### Additional Information as Needed

A trip FAQ and answer document is recommended for the Age Group Zone Team.

## Chaperones

* + 1. At least two designated chaperones must accompany minors in LSC sponsored travel and must be of the same competition category/ies as the minors.
    2. To participate as a chaperone one must comply with the requirements listed in this policy.
    3. All chaperones must be a member of Utah Swimming and USA Swimming in good standing and at least 21 years old.
    4. The use of alcoholic beverages by chaperones is prohibited.
    5. Chaperones are required to report any violations of MAAPP, USA Swimming Code of Conduct, Trip Travel Policies, and rules. Chaperones cannot use discretion in deciding when to report violations.
    6. Chaperones accompanying the Age Group Zone Team may not also be a coach for the Zone Team.
    7. Age Group Zone Team Chaperones will stay with Team Utah unless prior consent is given by the Team Manager and/or Head Coach and at least two qualified adults are available to chaperone in the person’s absence. (i.e. There shall always been compliance with MAAPP requirements.)

# FINANCES

* 1. LSC trip expenses must be kept within the allotted budget. Any overages must be approved in advance by the Board Member with administrative responsibility for the trip and the Finance Committee, barring emergency circumstances.
  2. The Team or Trip Manager and Board Member with administrative responsibility for the trip will determine what (if any) expenses will be covered by the LSC. They will inform participants (or applicants) of the cost (at minimum, a good faith estimate) and deadlines early in the planning or application process. (Principle: Give people time to plan and act.)
  3. Money will be managed according to current LSC financial policies and procedures. Questions regarding proper management of funds should be directed to the LSC Finance Chair and Treasurer.
  4. LSC covered expenses paid for by designated team leadership will be reimbursed according to the Reimbursement Request Procedure in the UTSI Finance policy (#430) located on the [UTSI Policies and Procedures](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures) webpage.

# SELECT TEAMS OR GROUPS

Utah Swimming may sponsor select teams that compete in out of LSC competition or groups that attend other events.

## Equal Opportunity Organization

* + 1. UTSI is an equal opportunity organization. All aspects of administration and operations including the decision to engage anyone as a member of a select team or group will be based on merit, competence, performance, and/or business needs. We do not discriminate based on race, color, religion, marital status, age, national origin, ancestry, physical or mental disability, medical condition, pregnancy, genetic information, gender, sexual orientation, gender identity or expression, veteran status, or any other status protected under federal, state, or local law.
    2. UTSI will provide fair notification of selection opportunities that is timely and uniform to all within the qualifying criteria.

## Selection Criteria and Process

### Team or Group Criteria Establishment

* + - 1. Selection criteria for membership on the team or in the group will be established by the following
         1. **Meet or Event Management** (example: Q-Times for meets, designated role(s) for some leadership travel, or other qualification criteria)
         2. **Affiliated LSC Committee**.  For example, if the meet or event is for Age Group or Senior swimmers, the appropriate standing committee would manage the selection criteria. The same would be true for DEI or Safe Sport events, etc. If the affiliated committee is unclear, the Executive Committee may manage the selection criteria or appoint a committee to do it.
         3. The **affiliated board member** with administrative responsibility for the committee **must approve** of the criteria set by the committee. (See *UTSI Administrative Overview Chair* in policy #1a on the [UTSI Policies and Procedures page](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures) for affiliation.)
      2. To participate on the team or in the group once selected, all must comply with the requirements listed in this policy.

### Team or Group Selection Process

* + - 1. The selection process for membership on an LSC Select Team or in a travel group will be established by the standing LSC Committee and board member affiliated with the event and approved by the Executive Committee.
         1. The Age Group Development Committee and Age Group Chair establish the selection criteria and process for the Age Group Zone Team. The Age Group Zone Team Committee manages and enacts the selection process.

### Leadership

#### Head Coach

* + - * 1. To participate as Head Coach one must comply with the requirements listed in this policy.
        2. The Head Coach must be a member of Utah Swimming and USA Swimming in good standing.
        3. Applications for the Head Coach of each Select Team will be solicited from coaches within the LSC.
        4. Applications will be reviewed by the standing LSC committee affiliated with the team or event, the affiliated board member, and the Board of Directors Coach Rep. They will recommend an applicant to fill the Head Coach position to the Executive Committee.
        5. The Executive Committee must approve the Head Coach appointment.

#### Assistant Coaches

* + - * 1. To participate as a coach, one must comply with the requirements listed in this policy.
        2. All Assistant Coaches must be a member of Utah Swimming and USA Swimming in good standing.
        3. The assistant coaches are selected by the Head Coach and Team Manager. Applications from others who applied for the head coach position are made available to them.

#### Team Manager

* + - * 1. See 6.1 *Team or Trip Manager* located in this policy.

#### Assistant Team Manager(s)

* + - * 1. If utilized, Assistant Team Manager(s) will be selected by the Team Manager, Head Coach, and Age Group Chair.
        2. To participate as an assistant team manager, one must comply with the requirements listed in this policy.
        3. All Assistant Team Managers must be a member of Utah Swimming and USA Swimming in good standing.

#### Chaperones

* + - * 1. See section 5.3 *Chaperones* located in this policy for criteria.
        2. Applications for chaperones of each Select Team will be solicited from adult Utah Swimming members at least age 21.

Preference will be given to those with a material connection to the team or trip. (Stakeholders)

Non-members may apply but must pass background check, take Athlete Protection Training, and be a member of USA and Utah Swimming in good standing before filling the role of chaperone.

* + - * 1. Applications will be reviewed by Affiliated Board Member, Team or Trip Manager, and other travel leadership as applicable. They will recommend applicants to fill the chaperone position(s) to the Executive Committee.

AGE GROUP ZONE TEAM NOTE: Applications for the Age Group Zone Team are reviewed and recommended by the Age Group Zone Team Committee.

* + - * 1. The Executive Committee must approve chaperone appointments.

## Age Group Zone Team

* + 1. In addition to the above requirements for travel with minor athletes, the following apply specifically to the UTSI Age Group Zone Team

### Age Group Zone Team Committee

* + - 1. Much of the preparation and decision-making for this team is made by the Age Group Team Zone Committee. See details in the *UTSI Committee Handbook* (policy #50) located on the [UTSI Policies and Procedures webpage](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures).

### Age Group Zone Team Travel Philosophy

* + - 1. By taking advantage of group discounts and housing multiple athletes to a room the cost per person is reduced. This lowers the overall cost to families and helps make participation more widely available to qualifying athletes.
      2. A good portion of the annual LSC Age Group Programming budget goes to subsidize the Age Group Zone team. Traveling as a group permits discounts to be applied and helps to offset the overall expense. (For example, “comp” rooms can be used to lodge coaches and other adult leadership separate from the athletes.)
      3. One reason why the LSC supports this large subsidy is because of the camaraderie and friendship developed among the athletes through the experience of traveling together. It can help to form a network of support that encourages further advancement and participation.
      4. For these and other reasons, the LSC encourages the team to travel as a group whenever possible.

### Group Travel Exceptions

* + - 1. A Group Travel Exception does not exempt a participant from other travel policy requirements.
      2. Athlete members of the Zone Team aged 10 years and younger, travel with parents, not with the group. They have designated times to be with the team. A parent/guardian must sign the athlete in and out of team care.
      3. The parent/guardian of an athlete aged 11 or older may apply for an Age Group Zone Team Group Travel Exception. Exceptions must be approved by the Age Group Zone Team Committee. Those granted exceptions to group travel will have designated times to be with the team. A parent or guardian must sign the athlete in and out of team care.
      4. Team members not granted Group Travel Exceptions are welcome to participate on the Age Group Zone Team as members of the travel group if they choose. If not, they will not be a member of the UTSI Age Group Zone Team and may not participate in the Western Zone Age Group Championships. This meet does not accept entries from individuals. Competitors must be members of their LSC team.

### Group Travel is Not Mandatory for the Age Group Zone Team

* + - 1. The Age Group Zone Team Committee may opt not to travel as a group to the Age Group Zone Meet. If this is the case, the families of each team member will be responsible for their athlete’s travel. All athletes will be given designated times to be with the team. A parent or guardian must sign the athlete in and out of team care.

# RELATED DOCUMENTS AND FORMS

* 1. Minor Athlete Abuse Prevention Policy (MAAPP) Location: [www.usaswimming.org/maapp](http://www.usaswimming.org/maapp)
  2. USA Swimming Code of Conduct. Location: [www.usaswimming.org/rulebook](file:///C:\Users\cathv\Documents\Backup%20CATHY%20folder_Kitchen%20PC%202018%2011%2010\UT%20Swimming\Governing%20Docs\P%20&%20P\Currently%20Working%20On\Ready%20for%20BOARD%20REVIEW\www.usaswimming.org\rulebook)
  3. UTSI Administrative Overview Chart (policy #1a) Location: [UTSI Policies and Procedures webpage](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures)
  4. UTSI Committee Handbook #50 Location: [UTSI Policies and Procedures webpage](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures)
  5. UTSI Officials Policy #251 (Officials Travel Reimbursement) Location: [UTSI Policies and Procedures webpage](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures) Location: [UTSI Policies and Procedures webpage](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures)
  6. UTSI Athlete Protection Policies #302
  7. UTSI Management of Concussion and Head Injury policy #303 Location: [UTSI Policies and Procedures webpage](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures)
  8. UTSI Finance policy #430 Location: [UTSI Policies and Procedures webpage](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures)
  9. UTSI Travel and Expense Reimbursement for Athletes and Coaches policy #720. Location: [UTSI Policies and Procedures webpage](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures)
  10. Sample forms in Appendix and Appendix Folder

# NOTIFICATION AND ACKNOWLEDGEMENT

* 1. Early in the year and again in the fall, the Safety Chair will remind board members of the need to use this Travel Policy for all LSC reimbursed and sponsored travel. The Safety Chair will also remind board members with administrative responsibility for any trips of their obligation to ensure compliance.
  2. The Board Member with Administrative Responsibility for the trip or reimbursement will ensure compliance with this policy.
     1. All travelers must acknowledge their agreement in writing as outlined in this policy.
     2. Those being reimbursed by the LSC for travel related expenses must also sign as required in this policy.
  3. It is the Team or Trip Manager’s responsibility to ensure all travelers return signed paperwork and files as outlined. They also retain the paperwork and files throughout the trip and properly destroy afterwards. Medical information must be destroyed within a week after the trip. The Agreement Forms and any other paperwork and files shall be given to the Administrative Assistant to the Board who will retain them for three years.
  4. The Trip or Team Manager will ensure needed portions of the policy are included in trip documents and/or posted online so they are easily accessible for travel participants.
  5. At least annually, the Officials Chair or designee will review the LSC reimbursement form(s) and/or process used to reimburse travel expenses of officials and ensure all comply with this policy.
  6. At least annually, the Senior Chair or designee will review the LSC reimbursement form(s) and/or process used to reimburse travel expenses of athletes and coaches and ensure all comply with this policy.
  7. At least annually, the General Chair or designee will see if there are any other LSC reimbursement form(s) and/or processes used to reimburse travel expenses outside of those already being reviewed by the Officials and Senior Chairs. If there are, the General Chair or designee will review these reimbursement form(s) and/or processes and ensure all comply with this policy.

# DISTRIBUTION OF POLICY AND UPDATING

* 1. This policy will be posted on the UTSI website.
  2. At least annually, the Age Group, Senior, Safety, Officials, and General Chairs will review this policy and ensure needed updates and changes are made with board approval. The Safety Chair is the lead person in this process.

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| CHANGE LOG | | | | |
| **Version** | **Date** | **Description of Change/Section(s)** | **Author or Editor** | **Authority** |
| 1 | Pre-2014 | Part of the 3/2014 Policies and Procedures Manual | Unknown | BOD |
| 2 | 11-12-2019 | Removal from 3/2014 P&P Manual and moved to new online P&P/Entire policy | Stan Crump & Cathy Vaughan | BOD |
| 3 | 9/14/2021 | Complete overhaul of former Travel policy. Combined Select Teams policy (former #740) with this Travel policy | Cathy Vaughan | BOD |

# APPENDIX

* Sample Travel Group Agreement Form
* Sample Age Group Zone Team Travel Policies and Behavior Expectations
* Sample Age Group Zone Team Grievance Procedure
* Sample Age Group Zone Team Grievance Procedure Form
* Sample Medical History and Permission to Treat
* Sample Age Group Zone Team Communication (From 2021 Team Manager)
* Link to 2021 Age Group Zone Team Athlete Application
* Link to 2021 Age Group Zone Team Coach/Team Manager Application
* Link to 2021 Age Group Zone Team Chaperone Application
* The APPENDIX FOLDER is a digital folder that contains files used in the past. It is located by this policy (#701) on the [UTSI Policies and Procedures webpage](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures).
  + ***NOTE: Past files may or may not conform to current requirements. It is the responsibility of the Team or Trip Manager to ensure compliance before distribution.***

# Sample Travel Group Agreement Form

[Name and Dates of Travel Group]

All those traveling as part of a UTSI Sponsored Travel Group must sign and return to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of designated representative of Utah Swimming] by \_\_\_\_\_\_\_\_[deadline.]

*Check all applicable*

* I have reviewed the USA Swimming Minor Athlete Abuse Prevention Policy (MAAPP) within the past 12 months and agree to it.
  + MAAPP Location: [www.usaswimming.org/maapp](http://www.usaswimming.org/maapp)
* I have reviewed the USA Swimming Code of Conduct within the past 12 months and agree to it.
  + USA Swimming Code of Conduct Location: USA Swimming Rulebook ([www.usaswimming.org/rulebook](http://www.usaswimming.org/rulebook))
* I have reviewed the Utah Swimming Athlete Protection Policies and agree to all.
  + Utah Swimming Athlete Protection Policies Location: Policy #302 (Athlete Protection Policies) on the [UTSI Policies and Procedures](https://www.teamunify.com/team/lscuts/page/newsletter/policies-and-procedures) webpage.
* I have been given additional travel policies for this trip. (circle one) Yes No

If yes: I have reviewed the travel policies for this trip and agree to them.

Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If above signer is a minor, Parent/Guardian must sign below and initial next to boxes above to signify review and agreement to policies. Signature also grants permission for minor child to participate and travel with this group.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Sample Age Group Zone Team Travel Policies and Behavior Expectations

*This is intended as a guide for the person creating an Age Group Zone Team Travel Policies document. It is the responsibility of the Team Manager to ensure compliance with the current version of MAAPP and other Athlete Protection Policies (UTSI Policy #302) before distribution.*

[Trip or Group Name]

[Trip Dates]

[Team or Trip Manager Name and Contact Info]

[Head Coach Name and Contact Info (if applicable—or additional trip contact person)]

## Athlete Behavior Expectations

1. **Respect People.** Athletes will always be respectful of coaches, chaperones, officials, swim meet personnel, and teammates. This includes refraining from inappropriate physical contact and language.
2. **Respect Places and Stuff.** Athletes will always be respectful of the vehicles and each facility, including the competition venue, restaurants, lodging, etc.
3. **Participate and Communicate.** Athletes will attend all meetings, training sessions, and other team functions and will not leave the designated team areas without coach/chaperone approval or permission.
4. **No Illegal Substances.** Athletes will not be in possession of or use any illegal substances.
5. **No Alcohol or Tobacco.** Athletes will not be in possession of or use alcohol and/or tobacco in any form.
6. **Be Good.** Athletes will not commit any act, which would be considered an offense under federal, state, local, USA or Utah Swimming laws or rules. Additionally, athletes will refrain from inappropriate behavior that would detract from the positive image of Team Utah or be detrimental to the performance objectives of the team.
7. **Be a Good Sport.** Athletes will not demonstrate any unsportsmanlike conduct.
8. **Report, if needed.** Any person observing or having knowledge of any activity, which may result in serious bodily harm, or be considered a violation of MAAPP, the USA Swimming Code of Conduct, or these travel policies must report such activity to the Team Manager and/or Head Coach.

## Athlete Protection

All who attend agree to follow USA Swimming’s [*Minor Athlete Abuse Prevention Policy (MAAPP.)*](http://www.usaswimming.org/maapp)Including but not limited to:

1. **Two-Deep Leadership Used**: All one-on-one interaction between athletes and an adult will occur at an observable and interruptible distance from another adult. (Only exceptions are noted in MAAPP.)
2. **Meetings and Individual Training Sessions** may only occur if another adult is present and where interactions can be easily observed and at an interruptible distance from another adult. (Other requirements listed in MAAPP.)
3. **Electronic Communication:** Will be professional in nature. If an adult communicates one-on-one with an athlete via electronic communication, the athlete’s parent/legal guardian will be copied or included. (Other requirements noted in MAAPP)
4. **Transportation:** Adults will not transport an athlete one-on-one. At least two minor athletes or another adult will be in the vehicle. (Only exceptions and additional information are listed in MAAPP)
5. **Lodging**: An adult will not share a hotel room, sleeping arrangement or overnight lodging location with an athlete. Room checks and other interactions will have two adults present and be observable and interruptible. Athletes will be paired with other athletes of the same competition category and of similar age. (Only exceptions and additional information are listed in MAAPP)
6. **Locker Room or Changing Area**: (See MAAPP for additional information and exceptions)
   1. Deck changing is prohibited. The designated locker room or changing area must be used when anyone changes in whole or in part, into or out of a swimsuit when wearing just one suit.
   2. Contact between adult participants and minor athletes in a locker room, changing area or similar space bust be observable and interruptible.
   3. A private or semi-private place for changing will be provided at the competition venue.
   4. Use of recording devices in locker rooms, changing areas, or similar spaces is prohibited.
   5. Locker Rooms, changing areas will be regularly and randomly monitored.
   6. If a parent/legal guardian enters a locker room or changing area, it must only be a parent/legal guardian of the same competition category and the parent/legal guardian should notify a coach or administrator in advance.

Additional measures to protect athletes include:

1. **Curfew:** Curfews shall be established for each night of the trip. Athletes outside of their room after curfew without permission from a chaperone are in violation of travel policies.
2. **No Chaperone Use of Alcohol:** The use of alcoholic beverages by chaperones is prohibited.
3. **Grievance Procedure:** The Utah Swimming Age Group Zone Team Grievance Procedure provides swimmers, parents, coaches, and others associated with the team a system to address and report grievances in a productive, systematic way. Following the procedures provides the appropriate parties a means to properly investigate, intervene, and take disciplinary action when needed. (See Grievance Procedure document for more)
4. **Report, if needed:** Any person observing or having knowledge of any activity, which may result in serious bodily harm, or be considered a violation of MAAPP, the USA Swimming Code of Conduct, or these travel policies must report such activity to the Team Manager and/or Head Coach.

# Sample Age Group Zone Team Grievance Procedure

The Utah Swimming Age Group Zone Team Grievance Procedure provides swimmers, parents, coaches, travel staff and others associated with the team a system to address and report grievances in a productive, systematic way. Following these Procedures provides the appropriate parties a means to properly investigate, intervene, and take disciplinary action when needed.

**WHERE TO REPORT:**For issues dealing with sexual misconduct, sexual harassment and/or sexually explicit or inappropriate communication through social media:

* U.S. Center for SafeSport: 720-524-5640 or <https://safesport.i-sight.com/portal>

For issues dealing with physical abuse, emotional abuse, criminal charges and the use, sale or distribution of illegal drugs:

* USA Swimming Safe Sport: [safesport@usaswimming.org](mailto:safesport@usaswimming.org) or <https://fs22.formsite.com/usaswimming/form10/index.html>

For issues dealing with known or suspected child abuse:

* Utah Child Abuse Reporting Hotline: 855.323.3237 *(911 if child is in immediate danger)*

For issues dealing with peer-to-peer bullying, coach-athlete bullying, parent issues, violations of the Utah Swimming Age Group Zone Team Travel Policies and violations of the Minor Athlete Abuse Prevention Policy.

* These issues are handled at the team level following the procedures outlined below.

**WHOM TO NOTIFY OF A GRIEVANCE** (Chain of Command)

Coaches, swimmers, and parents are encouraged to talk with each other to resolve their issues. However, if this isn’t possible, members of Utah Age Group Zone Team should know how to file a grievance:

*Regarding the Conduct of a Swimmer* - Contact the swimmer’s Zone Team Coach.

* Should a parent or swimmer feel another swimmer’s conduct is inappropriate or violates the Utah Swimming Age Group Zone Team Travel Policies, the parent/swimmer should discuss these concerns with the coach of the swimmer responsible for the violation (Responsible Coach). This complaint should be made in person or in writing. Coaches will ensure the Utah Swimming Age Group Zone Team head coach is notified of the complaint and will participate in assessing behavior.

*Regarding the Conduct of an Assistant or Age Group Coach* - Contact the Utah Swimming Age Group Zone Team Head Coach

* Should a parent or swimmer feel an Assistant or Age Group Coach’s conduct is inappropriate or in violation of any team policies or procedures, the parent/swimmer should notify the Head Coach of this violation.  This complaint should be made in person or in writing. The Head Coach will ensure that the Utah Swimming Age Group Chair, Coach Rep, and General Chair are notified of the complaint and will participate in assessing behavior.

*Regarding Conduct of Head Coach* – Notify the Utah Swimming Age Group Zone Team Manager

* Should a parent or swimmer feel the Head Coach’s conduct is inappropriate or violates any Utah Swimming Age Group Zone Team policies or procedures, the parent/swimmer should notify the Team Manager of this violation.  This complaint should be made in person or in writing. The Team Manager will ensure that the Utah Swimming Age Group Chair, Coach Rep, and General Chair are notified of the complaint and will participate in assessing behavior.

*Regarding Conduct of Team Manager or Chaperone -* Notify the Utah Swimming Age Group Zone Team Head Coach

* Should a parent or swimmer feel the Team Manager or a Chaperone’s conduct is inappropriate or violates any Utah Swimming Age Group Zone Team policies or procedures, the parent/swimmer should notify the Head Coach of this violation.  This complaint should be made in person or in writing. The Head Coach will ensure that the Utah Swimming Age Group Chair and General Chair are notified of the complaint and will participate in assessing behavior.

*Regarding Parent or Official Conduct* - Notify the Head Coach

* Should a parent or swimmer feel another Utah Swimming Age Group Zone Team parent’s or an official’s conduct is inappropriate or violates any Utah Swimming Age Group Zone Team policies or procedures, the parent/swimmer should notify the Age Group Zone Team Head Coach of this violation in person or in writing.

**Note:** With the exception of issues, which immediately affect the health and safety of swimmers, all matters should be discussed before or after a coaching session, as coaches should not be expected to deal with issues during water time.

**HOW GRIEVANCES WILL BE HANDLED**

*The Head Coach has the authority to impose penalties for infractions of the* *Utah Swimming Age Group Zone Team Travel Policies Conduct or any behavior(s) they deem not conducive to the best interests of the Utah Swimming Age Group Zone Team or other swimmers. Consequences are at the sole discretion of the coaches and may include, but aren’t limited to, verbal warnings, dismissal from practice, contacting parents, temporary suspension from team activities and expulsion. Involved parties will be informed of the processes and range of potential consequences. The U.S. Center for SafeSport, USA Swimming and local law enforcement (if applicable) will be contacted within 24 hours if a coach, parent, or swimmer violates the SafeSport Code for the U.S. Olympic and Paralympic Movements, the USA Swimming Code of Conduct, Athlete Protection Policy, or local laws. If an athlete must be sent home to parents/guardians, it will be at the expense of the parents/guardians.*

1. **Gathering Information:** The appropriate individuals will contact the person who filed the grievance, and the person against whom the grievance is being filed, to ask questions about what happened. In addition, other witnesses may be contacted for more information. All information will be recorded on the UTSI Age Group Zone Team Grievance Procedure Form.
2. **Assessing Behavior**: The behavior of the person(s) against which the grievance was brought, will be assessed using Utah Swimming Age Group Zone Team policies and facility rules, USA Swimming Code of Conduct, USA Swimming Safe Sport policies, as well as applicable local and state laws.
3. **Consequences** will be given and disciplinary action will be taken, if appropriate. These consequences and disciplinary actions will be decided using the following general guidelines:
   1. Nature of the misconduct
   2. Severity of the misconduct
   3. Prior disciplinary actions
   4. Adverse effect of the misconduct
   5. Application of the Team Travel Policies and Agreements.

# Sample UTSI Age Group Zone Team Grievance Procedure Form

**Recorder Information and Date**

*First and Last Name of person filling out this form. Phone Number*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Email Address Date*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Incident Details (i.e. who, what, where, when, why, and how)** (Use back or additional paper if needed)

**Involved Parties** (Use back or additional paper if needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | **Phone** | **Email** | **Party Type\*** | **Minor? Y/N** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\* **Party Type:** Claimant (Victim), Claimant Parent/Associate, Respondent (Accused), Respondent Parent/Associate, Witness, Unknown, Other (fill in)

Is there additional supporting documentation? Y N (circle one. Attach if possible or give location)

**Resolution and Additional Information**

# Sample Medical History and Permission to Treat

(Adapt as needed for traveling adults)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_ If athlete, Age at Meet: \_\_\_\_\_\_\_

Primary Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Cell Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES AND SENSITIVITIES-- Is there a history of skin or other reaction or sickness following injection or oral administration of:

Penicillin yes no

Morphine, Codeine, Demerol, or other narcotics yes no

Novocain or other anesthetics yes no

Aspirin, Acetaminophen, or other pain remedies yes no

Sulfa drugs yes no

Tetanus, antitoxin, or other serums yes no

Adhesive tape yes no

Iodine or methiolate yes no

Any other drugs or medications? Describe

Any food such as egg, milk, chocolate? Describe

Allergy to insect bites, bee stings, other? Describe

Date of last Tetanus booster?

Has swimmer ever received treatment for asthma? yes no

Other physical conditions we should be aware of?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following may be given to my child for the immediate relief of pain/illness:

Pepto Bismol or similar yes no Dosage

Advil or Motrin yes no Dosage

Tylenol yes no Dosage

Tums or similar yes no Dosage

Benadryl yes no Dosage

**EMERGENCY INFORMATION** Swimmer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, whom shall we contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Numbers: Mark best number with \*

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Phone number is necessary to obtain authorization for emergency treatment, usually an 800 number.)

**PLEASE ATTACH A COPY OF MEDICAL COVERAGE CARD FRONT AND BACK**

As the parent/legal guardian of the above-named athlete, I give consent for his/her participation in Utah Swimming’s program and athletic events. I know that the risk of injury to my child comes with the participation in sports and during travel. I have had the opportunity to understand the risk of injury during participation in sports through meetings, written information, or by some other means. My signature below indicates that to the best of my knowledge, my answers to the above questions are complete and correct.

I/We, the undersigned parent(s)/legal guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (athlete’s name) a minor, do hereby authorize Utah Swimming Team Head Coach, Team Managers, Coaching staff, and chaperones as agents for the undersigned to act on my behalf to consent to an emergency transport, x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is advisable, and is to be rendered under the general supervision of any licensed physician and surgeon when the parent or legal guardian cannot be immediately contacted. I/we grant permission to the physician and/or appropriate medical personnel to attend to my child.

In addition, I/we grant permission for the physician/Utah Zone Team staff to release and receive medical information pertaining to the necessary treatment of my child. This information may be transmitted via telephone, personal interview, electronic mail, postal service, fax or other form of media not listed here.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the agent to give specific consent to any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

This permission will be in effect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Dates of Travel)

Printed Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Sample Age Group Zone Team Communication

From 2021 Age Group Zone Team Manager

## 1st Call for Age Group Zone Team Athlete Applications

(Send to UTSI coaches and team contacts)

Utah will be sending a team to this year’s Age Group Zones meet in Lewisville, TX.

The meet will be August 4-7.

Athlete applications are open.

Please encourage your athletes to apply.

Athletes who are within 0.50 in a 50, 1.00 in a 100 and 2.00 in a 200 will be considered for the team.

There is a block for rooms available at $89 a night.  See the website.

There are also $275 tickets on a team flight available.

Please use the following form to sign up

<https://forms.gle/zDCEDjfXjM8XCRtu7>

More information can be found on the Utah Swimming website

<https://www.teamunify.com/team/lscuts/page/age-group-zones>

questions can be directed to Serena Werner

[secretary@utahswimming.org](mailto:secretary@utahswimming.org)

## Sample 2nd Call for Age Group Zone Team Athlete Applications

(Send to UTSI coaches and team contacts)

We are still accepting applications for Age Group Zones meet in Lewisville, TX.August 4-7.

Please encourage your athletes to apply.

Athletes who are within 0.50 in a 50, 1.00 in a 100 and 2.00 in a 200 will be considered for the team.

There is a block for rooms available at $89 a night.  See the website.

There are also $275 tickets on a team flight available.

Please use the following form to sign up

<https://forms.gle/zDCEDjfXjM8XCRtu7>

More information can be found on the Utah Swimming website

<https://www.teamunify.com/team/lscuts/page/age-group-zones>

questions can be directed to Serena Werner

[secretary@utahswimming.org](mailto:secretary@utahswimming.org)

## Sample Welcome Email to Age Group Zone Team Athletes

On behalf of the Team Utah Coaching Staff, we want to congratulate you on being selected to Team Utah.  We are very excited for the opportunity to work with you at one of the premier swim meets in the western US.  Good luck with the rest of your season.  Keep working hard and improving every day!  The trip to [Lewisville-site of 2021 meet] is just around the corner.

Don’t hesitate to contact us with any questions,

The Team Utah Coaching Staff

## Sample Letter to Get Athlete Info for Zone Team Video and Make Aware of LC State Zone Team Meeting

Hi all-

Couple of upcoming items

There will be a team meeting on Thursday July 22 at Kearns Fitness Center.  This meeting will be at 3:45 PM, before the start of final warm up.

Please plan on attending.  We will go over any questions you may have.

Questions can be submitted to me in advance.

We are working on a slide show video to be played at Long Course State to announce the zone team.  This video will be played at the beginning of finals on Thursday July 22.  All swimmers should plan on being in attendance.

Please use the following link to provide information for the team video that will be shown.

<https://forms.gle/EKSusftCbH8GK4q66>

Even though you are traveling with your athlete, travel documents for this year are still needed.  Please get those filled out and back to me.  They can be found on the Utah Zone website

[UTSI Code of Conduct/Honor Code](https://www.teamunify.com/lscuts/UserFiles/Image/QuickUpload/usti-code-of-conduct---2021_013583.pdf)

[UTSI Liability Release and Indemnification Form](https://www.teamunify.com/lscuts/UserFiles/File/USI%20Liability%20Release.pdf)

[UTSI Medical Form](https://www.teamunify.com/lscuts/UserFiles/File/USI%20Medical%20Form.pdf)

[UTSI Concussion Acknowledgement Form](https://www.teamunify.com/lscuts/UserFiles/Image/QuickUpload/303-utsi-concussion-policy-20210201-007661_095875.pdf)

Thanks

## Email Update (about 3 weeks prior to meet)

Hi all-

We had a Zone Meeting call the other day so, I have a few updates to get to everyone.

* The meet is looking to be roughly 400 athletes.
* Masks are required to be worn
* Spectators are still only being allowed during Finals.  And it is only ONE spectator per finalist.
* Only swimmers qualifying for finals are allowed at the Finals session.
* Team trading of gear will work as a lottery type system.  T Shirts used must be clean and not worn .   We will submit our team shirts to meet staff and we will be given back 5 random shirts from other teams.  Once our own team kids are given shirts back they are then free to trade within our team if they would like.
* There will be no combined athlete social on Saturday night, but we are working on a Team Utah dinner for athletes and parents.  This will most likely be in a hotel banquet room since most restaurants are not doing large groups.

We will be giving out any additional info at our team meeting next week

Team Meeting: Thur July 22 @ 3:45 PM KOPFC

Team Practice: Mon Aug 2 @ 8-9:30 AM CHAT

Team Practice: Tue Aug 3 @ 5-6 PM in Lewisville

## Email Update (After Long Course State Meet)

Hello everyone-

Hope you all had a great State Meet. Thanks for attending the team meeting.

I have some follow up info for you.

Prelims: All swimmers should plan on attending every prelim session.  Relay will be swum at the conclusion of prelims.  Most swimmers will be in relays so we need them to stick around.  Please don't plan on leaving early.

**ZOOM PHOTOGRAPHY --- MUST HAVE *50 COMMITTED ORDERS BY JULY 28* TO ATTEND MEET**

Zoom Photography will be offering professional **action photography** services to the families at the 2021 Western Zones!  
You **MUST register** with Zoom Photography **ONLINE ONLY**. Photos are only taken of athletes who are registered online with Zoom.  
  
**REGISTER ONLINE**: <https://zoomphotos.paperform.co/>

**REGISTRATION DEADLINE**: Need minimum of 50 Registrations by Wednesday July 28 to be on-site at Meet!!

Final Registration if ZOOM Photography attends meet: Monday, August 2 at 12:00PM PST  
  
Your Athlete. Our Focus.  
info@MyZoomPhotos.com  
[www.MyZoomPhotos.com](http://www.myzoomphotos.com/)[www.instagram.com/Zoom\_SwimPhotos](http://www.instagram.com/Zoom_SwimPhotos)

I will see you all on Monday August 2nd 8-9:30 am at CHAT for our team practice.  Please plan on attending.  We will hand out the team gear at this practice.

If you have any questions in the meantime please let me know.

## Email update (A few days before the meet)

Hello all-

We are required to fill out USA swimming waivers and COVID liability waivers.  Please use the links below to fill out your forms ASAP.  Swimmers will not be allowed to compete without these submitted.

* Athletes (and their parents) are required to complete BOTH waivers
* Non-Athletes (coaches and team chaperones) are required to complete the COVID waiver

You can find my form "USA Swimming Competitor Waiver and Release Form WZ AG Champs-UT" at: <https://form.jotform.com/212087809188162>

You can find my form "USA Swimming Waiver of Liability Relating to Coronavirus WZ AG Champs-UT" at: <https://form.jotform.com/212087151332143>

Also, I have attached the first draft of the psych sheet.  Please be aware this is before any corrections or changes.

If you have any questions let me know.

See everyone Monday!

Thanks

## Email Update (Saturday before meet)

Hi All-

Just a friendly reminder.  We have team practice at CHAT on Monday August 2nd 8-9:30 AM.  Everyone needs to be there.  We will be giving out team gear and answering any additional questions you may have.

You should have gotten your flight info if you are on the team flight.  I need to know ASAP if you have any issues with your info.  You will check in on your own.

All athletes and parents are required to fill out the athlete waiver and COVID forms.  Parents they are asking you to fill out a COVID form for yourself in addition to your athlete.  Please get these done if you have not already done so.

You can find my form "USA Swimming Competitor Waiver and Release Form WZ AG Champs-UT" at: <https://form.jotform.com/212087809188162>

You can find my form "USA Swimming Waiver of Liability Relating to Coronavirus WZ AG Champs-UT" at: <https://form.jotform.com/212087151332143>

We have been assigned to **Group A**for warmup.  Utah has **Lanes 4&5.**Coaches will meet swimmers and sign them in each day.  We will talk about this more on Monday at the team practice.

* **Group A** will have the 7:00 - 7:40 am slot on Wednesday & Thursday, and the 7:40 - 8:20 am slot on Friday & Saturday.

We are responsible for providing one (1) timer for each of the lanes (4&5) assigned for warmup, for either Prelims OR Finals each day, based on their warm up schedule.

* **Group A** will provide timers for Prelims on Wednesday & Thursday, and for Finals on Friday & Saturday

I will be getting a link to sign up for timing on Monday and will forward it to you.

Thanks

# Link to 2021 Age Group Zone Team Athlete Application

(It was a Google Form)

<https://docs.google.com/forms/d/e/1FAIpQLSdMA1yYSgBwP8hHM20clXNsFvt0_XbKqRU8YLBO-yt6opSkwQ/viewform?usp=sf_link>

# Link to 2021 Age Group Zone Team Coach/Team Manager Application

(It was a Google Form)

<https://docs.google.com/forms/d/e/1FAIpQLScUdkQaI0hDY2ofcViTeiA51UK_e0C93zBpDsA0WFClR8Yi2Q/viewform?usp=sf_link>

# Link to 2021 Age Group Zone Team Chaperone Application

(It was a Google Form)

<https://docs.google.com/forms/d/e/1FAIpQLSeAudz8YtDqxDuc2Lq5rGepxAtieymnMuUdyNcQZz3Q4zKRYQ/viewform?usp=sf_link>