2016 April Training Trip
Panama City Beach, Florida

Flight: 
Departure from the Billings Airport on Saturday, April 16th. We will fly into the Panama City Beach Airport in Northwest, Florida. Return trip departure from Panama City Beach Airport on Saturday, April 23rd.

House: 
Surf Drive Beach House, Panama City Beach FL, 32413
House Details

Pool: 
Panama City Beach Aquatics Center at Frank Brown Park
16200 Panama City Beach Parkway, Panama City Beach, FL 32413

Food: 
All meals will be paid for individually by the athletes. We will go grocery shopping throughout the week. Dinners will be split alternating from night to night with the boys and the Male Coaches cooking dinner on one night and then the girls and the Female Coaches cooking on the opposite nights. Swimmers will need to bring spending cash for groceries and food throughout the week as well as extra cash for fun activities.

Coaches: 
Sean Marshall (339)-236-6923, Brenna Boese, & Jessica Knote

Costs: 
-House Rental $3,384 for our side with the total for the house being $6,768, but we will split that in ½ between the Stingrays & Waves
-2 Rental Vans $1,200 approx. with each Van being $500 plus $100 in Gas for each for the week
-Pool Rental Costs $500 approx. with $8 per Swimmer each day for 2 practices a day Sun-Fri
-Flights $700 per person approx.

Total Projected Cost without flights = $5,084 (2015 Swim-A-Thon $)
Flights projected around $700 per person (2016 Swim-A-Thon $)

Participation Criteria:
The Training Trip is Open to all Senior Group Swimmers who demonstrate their dedication to BAC and their willingness to also give back to BAC in order to help us build and develop our younger swimmers for future team successes.

Opportunities to do so are listed below but not limited to;
1) Help coach and work our BAC Stroke Clinics in December
2) Assistant Coaching with our younger Age Groups
3) Fundraising at least $500 individually for the 2016 Swim-A-Thon, which is at the beginning of April prior to the trip.
4) Supporting our younger swimmers at all Meets
5) Help coach and work future Stroke Clinics offered
Sunday thru Friday Tentative Itinerary

**Breakfast**

**7-9:30am** Long Course Practice – 50 Meter training at Frank Brown Park

**Snack**  Downtime and refuel back at the beach house

**11am** Beach Workout – Beach Run or Dryland Mix

**Lunch**  Downtime at beach house

**Fun**  Beach volleyball, football, ocean/beach time, etc...

**4-6:30pm** Short Course – 25 yard training with the Panama City Swim Team

**Dinner** - Cooked by swimmers alternating boys and girls every other night.

*Brenna, Jessica, and I will help each group with the dinner cooking part as some are challenged in that area.*
**Stingrays Travel Attire**

When traveling everyone is representing the Billings Aquatic Club.

All swimmers are encouraged to have full team warmups to wear on the trip.

If your swimmer does not have a full team warmup then team apparel will be appropriate.

**Team Travel Policies**

As a member of the BAC Stingrays traveling team you understand that you are traveling as representative of the team. It is expected that you will conduct yourself in a manner that shows respect for the reputation of the club, team, fellow teammates, coaches and chaperones.

Any swimmers who engage in unacceptable behavior at any time during the trip may be sent home if a coach determines such action to be necessary.

In the event this becomes necessary, parents will be notified of the issue and the arrangements for travel.

No team member may be out of his or her room after the assigned curfew each night. Permission must be obtained from the coach to leave room past this time.

At no time will male and female athletes be in the same room together. This applies to BAC members as well as members of any other team.

I understand that it will be the financial responsibility of my family if I violate BAC Travel Policies.

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**Swimmer**

Signature: __________________________________________________________

**Parent**

Signature: __________________________________________________________
Athlete Medical Release

Part I
In the event of an accident, injury, or illness, I hereby give permission to the Billing Aquatic Club Stingrays coaching staff to seek medical treatment on behalf of my child, at a nearby hospital, and authorize any medical treatment (including surgery) requiring the use of local or general anesthetic. This authorization shall be in effect for as long as my child is participating in and/or traveling on a team trip or involved in a team activity. Furthermore, I, the undersigned, will assume full responsibility for all medical costs incurred by my child. I also agree to waive and release the Billings Aquatic Club, and its employees from all rights and claims for damages, injury or loss to person or property which may be sustained during the swimmer’s participation in the meet or during a Billings Aquatic Club Stingrays activity.

_________________________________________  ____________
(Signature of Parent or Guardian)  (Date)

Part II
Swimmer’s Name: __________________________________________

Parent’s Names: __________________________________________

Work Phone:  ____________________________

Home Address: __________________________________________

Medical Insurance: ________________________________________

Policy/Group Number: ____________________________

Insurance Co. Phone Number: ____________________________

*Please list any conditions/ allergies your child has that the coaching staff should be aware of below:

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