



SPRINGFIELD AQUATICS TEAM TRAVEL CODE OF CONDUCT & LIABILITY WAIVER

Please fill out every page completely and return the form to the Head Coach,

Thomas, by _____

I, _____, legal guardian of _____, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for _____ (minor athlete), to travel with _____ (Applicable Adult), to travel from _____ (point of origin) to _____ (destination) to attend the _____ (name of competition) from _____ to _____ (dates of travel to competition).

I acknowledge that _____ (minor athlete) cannot share a hotel room, sleeping arrangement or other overnight lodging location with _____ (Applicable Adult) at any time. I further acknowledge that this written permission is valid only for the dates and location specified herein.

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

Swimmer address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Contact information for travel roster:

Swimmer Cell Phone: _____

Can SPA Coach text swimmer's cell with info? Yes No

Parent #1 Cell: _____ Name: _____

Parent #2 Cell: _____ Name: _____

Swimmer Home number: _____

Alternate (NON-PARENT) Emergency Contact Phone#: _____

Name: _____

Anyone who, in the opinion of the coach or coaches, acts in a manner that would interfere with the travel objectives listed below will be subject to immediate return home (**at the expense of the parent and/or swimmer**) and other punishments including barring from future travel meets or other competition, suspension from practice, or dismissal from the team.

1. SPA team members should be respectful of their peers, coaches, and parents. Any SPA team member not acting in such a manner will be asked to change or stop that behavior. If that team member fails to comply, he/she will be asked to leave and disciplinary procedures will follow.
2. The coaching staff holds the final word on any rules, regulations, or disciplinary action.

3. The consumption or purchase of alcohol, smoking or chewing tobacco, or use of any other illegal drug or USOC banned substance of any kind will not be allowed. In addition, any team member found or suspected to be in the **presence of others** (regardless of team affiliation) partaking in any of the above activities will be subject to the same punishments and probable expulsion from SPA.
4. At no times will male and female athletes be in the same room together unless a coach or chaperone is in the room or has approved the situation. This applies to SPA members or members of any other team.
5. No team member may be out of his or her room after the assigned bedtime. Permission must be obtained from the coach to leave the room past this time.
6. Any damages or thievery incurred at a motel will be at the expense of the swimmers assigned to that room, and further disciplinary action will be taken. No loud or boisterous behavior will be tolerated in the hallways or public areas, and such behavior should be kept to a minimum in your rooms.
7. All team members will be polite in restaurants. If there is a problem with the service, see a coach.
8. All team members must agree to follow the team code of conduct.

I recognize my responsibility to abide by the rules and requirements of Springfield Aquatics that I am representing, and I acknowledge that I have received and read such.

Swimmer's Signature

Date

Parent's Signature

Date

MEDICAL RELEASE FORM

Name of Swimmer: _____ Date: _____

Parental Consent

A parent or legal guardian for EACH swimmer of Springfield Aquatics must sign this medical release form. If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE

IN CASE OF INJURY, I HEREBY GIVE SPRINGFIELD AQUATICS AND ITS COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. I ABSOLVE SPRINGFIELD AQUATICS AND ITS COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD.

Participant Signature (if over the age of 18)_____
Parent/Guardian Signature:_____
Home Phone #:_____
Parents Cell Phone #:

If parents are not available, please call the person designated below:

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Relationship: _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc....which may be needed in rendering medical treatment:

Parent/Guardian Insurance Information:

Company Name_____
Policy #

 Address

 Phone

SPRINGFIELD AQUATICS Travel Waiver

Parents understand that travel of any sort may present certain dangers. SPA and any person acting on behalf of SPA [whether as a chaperone, driver or coach, employee or in any other capacity] (herein referred to collectively as "SPA") will take all necessary precautions and exercise all due care in transporting your child. While SPA will not knowingly and intentionally do any harm to any child, it is possible that an accident resulting in injury to parent's child may occur. With such understanding, parents to hereby on behalf of themselves and on behalf of their child, forever, completely and unconditionally, RELEASE, DISCHARGE AND EXONERATE SPA and the agents, servants, employees, representatives, sureties and insurers, and all other persons liable or who might be liable on behalf of SPA, of and from each and every suit, action, cause of action, demand, loss, liability, damage, expense and responsibility of any kind, nature and description whatsoever, without limitation, arising from a child's death or personal injury, or damage to or loss of, or theft of, any of Swimmer's personal property, including, but not limit to, liabilities for personal injuries, death or property loss, caused, in whole or in part, by the fault, neglect, or negligence of SPA.

Under no circumstance will SPA or any person acting on behalf of SPA have any liability whatsoever to parents of child, for personal injuries to, or death of a child, or loss of or damage to child's property, even though such personal injury, death, loss or damage may arise or allegedly arise from the fault, negligence or neglect of SPA or those acting on SPA's behalf.

Parent further agree to defend, indemnify and hold harmless SPA and any assigns, personal representatives, agents, employees, servants and other persons acting on SPA's behalf with respect to any claim, suit, demand or action relating to or resulting from personal injuries to, or death of child, or loss of or damage to child's property, even though such personal injury, death, loss of damage may arise or allegedly arise from the fault, negligence or neglect of SPA and SPA's assigns, personal representatives, agents, employees and servants and shall be binding upon the child, parents and other members of the child's family and child's heirs, executors, administrators, personal representatives, successors and assigns.

I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

 Parent's Signature

 Date

 Swimmer's Name

