



BUFFALO AREA AQUATIC CLUB

Team Travel Code of Conduct

1. All team members are reminded that when traveling on trips, competing in meets, and attending other meet-related functions, you are representing both yourself and the BAAC program. Your behavior must positively reflect the high standards of the club.
2. All swimmers traveling with the team will attend all team functions and are expected to know all travel/meeting schedules and strictly adhere to them. Coaches will establish warm-up times and other trip related timetables as needed. Being prompt and on time is essential.
3. Swimmers are expected to remain with the team at all times during a trip. Swimmers are not to leave the pool, the hotel, or any other place at which the team has gathered without the permission of their assigned chaperone.
4. Rooms and travel vehicles are to be treated with respect and kept neat. Belongings should be kept together and all trash deposited appropriately. Any damage to rooms or vehicles will be the responsibility of the parties involved and may result in being sent home early from a trip.
5. Male swimmers are not allowed in female swimmers' hotel rooms, nor are female swimmers permitted in male swimmers' rooms unless their assigned chaperone has granted permission (i.e. for a small group to watch a movie).
6. Swimmers are to refrain from inappropriate physical contact.
7. All swimmers are expected to strictly adhere to the team curfew. At curfew, all lights, TV's, electronic equipment, etc. must be turned off and no talking is permitted.
8. Swimmers are expected to be quiet and respect the rights of teammates and other hotel guests during evening hours. There is to be no telephone use after curfew.
9. All telephone and incidental room charges must be paid prior to curfew on the final night of the trip.
10. When group meals are contracted for with a hotel, restaurant or caterer, all swimmers on the trip are expected to participate in these meals.
11. Swimmers are expected to travel with and stay with the team on team travel trips. Any exceptions to this policy must be approved by the Head Coach or his designee prior to the trip.
12. Violation of these rules will result in disciplinary action, including the possibility of being sent home from the meet at the expense of the swimmer's family.
13. Buffalo Area Aquatic Club, its coaches and chaperones are not responsible for lost items.

I have read and understand this Code of Conduct and by this signature, agree to abide by it.

Swimmer's Signature:	Date:
Parent's Signature:	Date:



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Medical Release & Authorization

Name of Swimmer:

DOB:

This medical release form must be signed by a parent or legal guardian for EACH swimmer of Buffalo Area Aquatic Club.

MEDICAL RELEASE

I certify that to the best of my knowledge and belief, _____ is in good physical condition and has no condition which would impair participation in the program. In case of injury or sudden illness, I hereby give the coaches and chaperones of Buffalo Area Aquatic Club 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 Buffalo Area Aquatic Club, its coaches and chaperones from all liability while acting on my behalf in this regard.

Parent/Guardian Signature:

Date:

Parent/Guardian Name:

Home Phone:

Cell Phone:

Work Phone:

Address:

City/State/Zip:

If parents are not available, please contact:

Name:

Relationship:

Phone:

Medical history, allergies, drug reactions, etc:

Medications (indicate dosage, etc):

Physician Name:

Phone:

Parent/Guardian Insurance Information

Company Name:

Phone:

Policy #:



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Liability Release & Indemnification Form for Minor Travel



I, the undersigned participant and parent, request voluntary participation for minor to travel to and from USA Swimming events for the dates..... I consent to my/minor’s participation in traveling to and from USA Swimming events and acknowledge that the I fully understand my/minor’s participation in travel may involve risk of serious injury or death, including losses which may result not only from my/minor’s own actions, inactions or negligence, but also from the actions, inactions, or negligence of others. This includes all travel to and from the event arranged by USA Swimming, including but not limited to all transportation being plane, boat, train, van, car, airline and/or chartered plane paid either by the participant or travel paid or reimbursed by USA Swimming. I understand that if I have any risk concerns regarding travel, I should discuss the risks associated with my/minor’s participation with the activity coordinators and event staff, before I sign this document and before travel begins.

Release – Minor’s Rights:

In consideration of allowing Minor Participant to travel to and from USA Swimming events, I hereby release and hold harmless USA Swimming, members of its board of directors, and its officers, employees, members, volunteers, other participants, and agents (collectively, the “Released Parties”), of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that Minor Participant may have or sustain with respect to any and all damage and/or injury, of any type, arising out of his or her travel to USA Swimming events. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Name of minor:	
Signature of minor:	Date:

Release – Parents’/Guardians’ Rights:

In consideration of allowing Minor Participant to travel to and from USA Swimming events, I hereby release and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant’s travel to and from USA Swimming events. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect. I certify that my/minor is in good health and have no physical condition that would prevent traveling to and from any USA Swimming events. Furthermore, I agree to use my/minor’s personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required.

Name of Parent/Guardian:	
Signature of Parent/Guardian:	Date:

Indemnification by Parent/Guardian:

The undersigned parent/guardian further agrees to indemnify, save and hold harmless the Released Parties from any and all claims, demands, losses, damages and liabilities for indemnities, contribution or otherwise with respect to any damage and/or injury, of any type, arising from Minor Participant’s travel to and from USA Swimming events.

Name of Parent/Guardian:	
Signature of Parent/Guardian:	Date: