

CRAA Team Travel Release

I, _____, the parent of _____, agree to permit my child to participate with
(Parent's Full Name – Please Print) (Swimmer's Full Name – Please Print)

CRAA team travel to _____.
(Swim meet or event name and date)

I also authorize my child to ride in a vehicle driven by the CRAA approved team chaperone or the CRAA coach. CRAA will attempt to always have a second adult in the vehicle driven by a CRAA coach or the CRAA approved team chaperone. However, if this is not possible, I authorize my child to travel in team vehicles driven by a coach or approved team chaperone without another adult present.

Shall my child need medical assistance; I give permission for my child to receive medical care and authorize such care.

Insurance Policy Number: _____

Name of Insurance Company: _____

Name on Policy: _____

Furthermore, I release Cedar Rapids Aquatics Association, Inc., Iowa Swimming Inc, and USA Swimming Inc. for all liability and indemnification for actions involved with CRAA Team Travel to the meet or event listed above.

I have read and understand the CRAA Code of Conduct, CRAA Team Travel Policy and the USA Swimming Code of Conduct. (All of these documents are posted on the CRAA website.) I understand that my son/daughter will be required to abide by these codes of conduct and team travel rules. If my son/daughter fails to abide by these, I understand that disciplinary action explained in the CRAA Team Travel Rules or disciplinary action deemed appropriate by CRAA Coaches or CRAA Chaperone(s) may be applied.

(Signature of Parent)

(Date)

As the swimmer participating in CRAA Team Travel to the meet or event listed above, I have read and agree to abide by the CRAA Code of Conduct, CRAA Team Travel Rules and USA Swimming Code of Conduct. A signature on this document constitutes unconditional agreement to comply with the stipulations presented in these documents. I agree to respect teammates, listen and follow instructions provided by CRAA Chaperones and Coaches and follow all CRAA rules. If not, I understand and accept such appropriate disciplinary actions as deemed necessary.

(Signature of Swimmer)

(Date)

