***Travel Policy***

UPDATED: January 2023

*Please note that all athletes and parents must adhere to this policy when participating with the Firebirds Track Club. We ask that you sign this form so that we may keep it on file until it is applicable.*

During our season**,** we are often required to travel to various track meets. The following policies have been put in place to protect both the Athlete and the Firebirds Track Club.

*Parents/Guardians are expected to accompany their Athlete(s) to all in-town and out-of-town meets. If for any reason you are unable to attend an* **in-town** *meet, we would ask that you network with another parent or have your child accompanied by a family member.*

***\*****Disciplinary actions, as outlined in the Firebirds Athlete’s Code of Conduct, will be enforced if your child has to be reprimanded during your absence. Please initial where indicated to acknowledge your agreement with the club policies below:*

***Applicable to:***

***Indoor/Outdoor Season 2023 -2034 Travel Meets***

* **PARENTS/GUARDIANS ARE FINANCIALLY RESPONSIBLE FOR ANY ITEMS EITHER BROKEN, REMOVED/STOLEN, OR DAMAGED IN THE HOTEL ROOM OR ON THE BUS/VAN, BY YOU/YOUR CHILD’S GUARDIAN…AND/OR YOUR ATHLETE, WHILE ON A TRAVEL MEET, WHETHER YOU ACCOMPANY YOUR ATHLETE OR NOT.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Initials)**

* **ALL TRAVEL EXPENSES, INCLUDING, BUT NOT LIMITED TO, AIRFARE, LODGING, AND FOOD WILL BE THE SOLE RESPONSIBILITY OF YOU AND YOUR ATHLETE. ALTHOUGH THE FIREBIRDS TRACK CLUB HAS PROVIDED INFORMATION FOR DISCOUNTED HOTEL RATES, YOU ACKNOWLEDGE THAT YOU AND YOUR ATHLETE WILL BE SOLELY RESPONSIBLE FOR THE ARRANGEMENT AND PAYMENT OF ALL FEES ASSOCIATED WITH AIRFARE, LODGING AND FOOD IF APPLICABLE WHILE ATTENDING THIS MEET.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Initials)**

* **YOU ACKNOWLDGE THAT THE COVID-19 PANDEMIC IS A UNIQUE AND SPECIAL RISK TO THE HEALTH OF YOU, YOUR ATHLETE(S) AND FAMILY AND THE ACCOMPANYING HEIGHTENED RISK OF TRAVELING TO THE MEET DURING THE PANDEMIC. YOU ARE AWARE THAT THE RISK MAY BE SIGNIFICANTLY INCREASED DUE TO GUIDELINES OR LACK OF GUIDELINES IN OTHER STATES. YOU AGREE TO ABIDE BY ALL MASKING AND SOCIAL DISTANCING REQUIREMENTS IMPOSED BY THE TEAM DURING TEAM ACTIVITIES WHILE TRAVELING TO, ATTENDING, OR PARTICIPATING AT THE MEET. YOUR AGREEMENT IN THE FOREGOING SENTENCE SHALL SUPERSEDE ANY REQUIREMENTS IMPOSED IN OTHER STATES OR BY ORGANIZERS OF THE EVENT. YOU HEREBY AGREE THAT FAILURE TO ABIDE BY THE FIREBIRDS MASKING AND SOCIAL DISTANCING REQUIREMENTS IMPLEMENTED BY THE COACHING STAFF MAY RESULT IN YOU BEING BARRED FROM TEAM ACTIVITIES. YOU AGREE TO** RELEASE, WAIVE, DISCHARGE AND REFRAIN FROM INITIATING SUIT AGAINST THE FIREBIRDS TRACK CLUB, ITS DIRECTORS, OFFICERS, STAFF, COACHES, VOLUNTEERS, AND AGENTS (COLLECTIVELY, THE “RELEASEES”) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, AND DAMAGES (COLLECTIVELY, “CLAIMS”) CAUSED OR ALLEGED TO BE CAUSED BY (i) NEGLIGENCE OR OTHER CONDUCT OF THE RELEASEES WHILE YOU OR YOUR Athlete are traveling to or PARTICIPATING in the MEET or (II) illness or injury resulting from traveling to or participating in the MEET, including the risk of contraction of covid-19, TO THE EXTENT PERMITTED BY LAW. THAT THE FOREGOING ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY, AND INDEMNITY AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY MARYLAND law OR OTHER APPLICABLE LAW AND THAT IF ANY PORTION THEREOF IS HELD TO BE INVALID, THAT PORTION WILL BE SEVERABLE AND THE REMAINING AGREEMENT HEREIN WILL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Initials)**

**YOU CONFIRM THAT YOU HAVE READ THE FIREBIRDS CODE OF CONDUCT FOR ATHLETES AND PARENTS. YOU CONFIRM THAT YOU REVIEWED THE CODE OF CONDUCT WITH YOUR ATHLETE/S. YOU UNDERSTAND THAT ANY VIOLATIONS TO THE POLICY WILL NOT BE TOLERATED & MAY RESULT IN DISMISSAL FROM FURTHER MEET PARTICIPATION.**

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

**(Parent/Guardian Initials)**

***Name of Parent/Guardian******during this trip****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Athlete’s Full name****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Accommodations: \_\_\_\_\_***

***Traveling with parent/guardian? □ YES □ NO***

***If no, name & contact info of guardian/chaperone who will be responsible for them during the trip:***

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

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

***Permission to have Medical Attention administered if needed: □ YES □ NO***

***Print Name of person authorizing/denying permission****:*

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

***Any known allergies and/or medical conditions: □ YES □ NO***

***If yes, list allergies or medical conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Health Insurance Co, Policy# and Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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

***Emergency Contact Name and Number(s):*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

***Parent’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Parent’s Signature*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*