Overview of Away Regattas – 2019

There are 3 away regattas planned for spring 2019 requiring the effort and coordination of the entire team.

**Saturday, April 6th St. Andrew’s Invitational:** Middletown, DE - All rowers participate. Rowers will carpool with parents to Middletown, DE. All spectators welcomed and there is no additional fee to participate. St. Andrew’s is a beautiful venue with a pavilion area with picnic tables and grills available.

**Thursday, May 16th through Saturday, May 18th Stotesbury Cup Regatta:** Philadelphia, PA
- Select boats/rowers participate and we will need AT LEAST ONE chaperone per boat and two or three chaperones for the bus. Rowers will be transported by chartered bus and carpools. We will need some parents to drive carpools. Additional fee for rowers and chaperones will be assessed (approximately $400/each) for hotel, security, transportation, food, etc. Additional spectators encouraged.

**Thursday, May 23rd– Saturday, May 25th SRAA Nationals:** Dillon Lake, OH - Select boats/rowers participate and chaperones will be necessary. Rowers will be transported by chartered bus and/or carpools. Additional fee for rowers and chaperones will be assessed (amount TBD) for hotel, transportation, security, food etc. Additional spectators encouraged.

Preparation for these Away Regattas is an enormous effort. Therefore, **ALL CREW MEMBERS MUST COMPLETE THE FOLLOWING PACK OF FORMS NO LATER THAN March 15, 2019.**

Forms can also be scanned and emailed to Claire.marble@conferencedirect.com or dropped off at the home of Claire Marble at 405 Blair Rd NW Vienna, VA 22180.

***All rowers must complete forms for ALL REGATTAS, even though boat and rower determinations for Stotesbury and SRAA Nationals won’t be made until April/May.***

*Any questions, please email Claire Marble at Claire.marble@conferencedirect.com*
Away Regatta Cover Sheet Information

And Form Checklist

(Return this with your forms please)

Rower Name (Last, First) __________________________________________________

Parent(s)/Guardian(s) __________________________________________________

1) Are you willing to be a chaperone? (EVERY BOAT NEEDS A PARENT CHAPERONE.)
   • Stotesbury Cup Regatta 5/16-5/18 (Yes/No) ______
   • SRAA Nationals 5/23-5/25 (Yes/No) ______

2) Are you willing to drive?
   • St. Andrew's Invitational 4/6 (Yes/No) ______
   • Stotesbury Cup Regatta 5/16-5/18 (Yes/No) ______
   • SRAA Nationals 5/23-5/25 (Yes/No) ______

3) Can you help with luggage check? (Thursday morning at JMHS)
   • Stotesbury Cup Regatta 5/16 (Yes/No) ______
   • SRAA Nationals 5/23-5/25 (Yes/No) ______

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<tr>
<th>Submitted?</th>
<th>Verified</th>
<th>Form</th>
<th>Required?</th>
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</thead>
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<td><strong>Summary Notes for Chaperones and Hospitality Volunteers</strong></td>
<td>Required</td>
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<td><strong>Parental Authorization and Acknowledgement of Risk for Field Trip</strong></td>
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<td><strong>Field Trip Luggage Search</strong></td>
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<td><strong>Trip Medication—Authorization to Bring and Self Administer Medicines</strong></td>
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<td>• Stotesbury</td>
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<td>• SRAA Nationals</td>
<td>If applicable</td>
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</table>
Away Regattas – Summary Notes for Chaperones and Hospitality Volunteers

The health and safety of each rower is our highest priority and our coaches are responsible for the Emergency Care Forms submitted with registration, but our chaperones and hospitality volunteers would like to have some information to better prepare for away regattas.

Please fill out the following information:

Rower’s Name (Last, First) __________________________________________________________

Rower Cell phone during away regattas ____________________________________________

Emergency Contact during away regattas __________________________________________

Phone number(s) for Emergency Contact __________________________________________

Rower dietary restrictions (If due to a food allergy, please note after each restriction "A (M)" for mild allergy or "A(S)" for severe allergy, note vegetarian/vegan/gluten-free/etc. if applicable. Please provide a brief description of any potential allergic reactions.

____________________________________________________________________________________
____________________________________________________________________________________

Each chaperone will be equipped with a basic first aid kit and limited over the counter medications.

Please note (Yes/No) if your child may receive

Pepto Bismol/Tums/Rolaids__________, Imodium ____________, Tylenol__________, Advil__________, Dramamine__________, Benadryl__________, Cough drops__________

If your child brings medication of the trip, we must have a list of all medications (prescription and over the counter) and both rower and parent must authorize the rower to carry his/her own medication or release and indemnify FCPS employees authorized to carry the medications on his/her behalf. (See separate documentation of this authorization or indemnification)

Please list medications (prescription and over the counter) that your rower intends to bring on the away regattas:

____________________________________________________________________________________
____________________________________________________________________________________

Please note if you intend to allow your child to carry his/her own medications (Yes/No)____________________________________________________________________________________________

Parent/Guardian Signature and Date: _______________________________________________
PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached itinerary description are required for all field trips.)

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

<table>
<thead>
<tr>
<th>Date(s) of Trip</th>
<th>Destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 6th, 2019</td>
<td>St Andrews School, Middletown, DE</td>
</tr>
</tbody>
</table>

**Purpose**
JMHS Crew Regatta

**SUPERVISION** (Check one.)
- [x] Students will be directly supervised by adults on this trip at all times
- [ ] Students will be directly supervised by adults on this trip with the following exceptions

**TRANSPORTATION BEING PROVIDED** (Check all that apply.)
- [ ] Walking
- [ ] Leased Vehicle
- [ ] School Bus
- [ ] County Vehicle
- [ ] Commercial Carrier
- [ ] None
- [x] Personal Vehicle

**DRIVERS OF PRIVATE OR LEASED VEHICLES** (Check all that apply.)
- [ ] Student
- [x] Parent
- [ ] Teacher or Staff Member
- [ ] Other Adult

**VEHICLE TYPE** (Check all that apply.)
- [x] Car
- [ ] Van (10 passenger or less)
- [ ] SUV
- [ ] Other

**RISK RELATED** (Check all that apply.)
- [ ] Swimming Pool
- [ ] Amusement or Theme Park
- [ ] Beach or Ocean
- [x] Other
**Rowing**

**STOCK EPINEPHRINE** (Check one)
- [ ] Will be available on this trip
- [x] Will not be available on this trip

**Pupil Agreement**
While participating in this trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Signature of Student __________________________ Date __________________________

**PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS**
I understand that participation in this trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the the itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the trip will involve activities off school property; therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.

**PARENT PERMISSION** (Check all that apply.)
- [ ] Participation in all aspects of this trip.
- [ ] Participation in all aspects of this trip, except the amusement and theme park activities.
- [ ] Participation in all aspects of this trip, except the water-related activities.
- [ ] Other __________________________

I give permission for __________________________ to participate in this field trip.

Signature of Parent __________________________ Date __________________________

**IMPORTANT NOTICE** Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any trip that FCPS cancels. It is strongly recommended that you personally review any tour company’s or commercial carrier’s contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.
# Parental Authorization and Acknowledgement of Risk for Field Trip

(This form and an attached itinerary description are required for all field trips.)

**IMPORTANT DIRECTIONS:**
1. Use one form per trip.
2. Complete the school portion (top half) of form.
3. Duplicate one form per student.
4. Send a copy home for parent and student signatures.

<table>
<thead>
<tr>
<th>Date(s) of Trip</th>
<th>Destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 16-18th, 2019</td>
<td>Stotesbury Cup, Philadelphia, PA</td>
</tr>
</tbody>
</table>

**SUPERVISION** (Check one.)

- [x] Students will be directly supervised by adults on this trip at all times
- [ ] Students will be directly supervised by adults on this trip with the following exceptions

**TRANSPORTATION BEING PROVIDED** (Check all that apply.)

- [ ] Walking
- [ ] School Bus
- [x] Commercial Carrier
- [x] Personal Vehicle
- [ ] Leased Vehicle
- [ ] County Vehicle
- [ ] None

**DRivers of Private or Leased Vehicles** (Check all that apply.)

- [ ] Student
- [x] Parent
- [ ] Teacher or Staff Member
- [ ] Other Adult

**VEHICLE TYPE** (Check all that apply.)

- [x] Car
- [ ] Van (10 passenger or less)
- [x] SUV
- [ ] Other

<table>
<thead>
<tr>
<th>RISK RELATED</th>
<th>STOCK EPINEPHRINE</th>
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<tbody>
<tr>
<td>[ ] Swimming Pool</td>
<td>[ ] Will be available on this trip</td>
</tr>
<tr>
<td>[ ] Amusement or Theme Park</td>
<td>[ ] Beach or Ocean</td>
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</table>

**Pupil Agreement**

While participating in this trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

**Signature of Student**

**Date**

**PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS**

I understand that participation in this trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the trip will involve activities off school property; therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.

**PARENT PERMISSION** (Check all that apply.)

- [ ] Participation in all aspects of this trip.
- [ ] Participation in all aspects of this trip, except the amusement and theme park activities.
- [ ] Participation in all aspects of this trip, except the water-related activities.
- [ ] Other

I give permission for _____________________________ to participate in this field trip.

**Signature of Parent**

**Date**

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## PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP

(This form and an attached itinerary description are required for all field trips.)

### IMPORTANT DIRECTIONS:
1. Use one form per trip, 2. Complete the school portion (top half) of form, 3. Duplicate one form per student, and 4. Send a copy home for parent and student signatures.

### Date(s) of Trip
- May 23-25th, 2019

### Destination
- SRAA Nationals, Dillon Lake, OH

### Purpose
- JVHS Crew Regatta

<table>
<thead>
<tr>
<th>Supervision (Check one.)</th>
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<tr>
<td>☑ Students will be directly supervised by adults on this trip at all times</td>
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### TRANSPORTATION BEING PROVIDED

<table>
<thead>
<tr>
<th>Walking</th>
<th>School Bus</th>
<th>Commercial Carrier</th>
<th>Personal Vehicle</th>
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<table>
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<tr>
<th>Leased Vehicle</th>
<th>County Vehicle</th>
<th>None</th>
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### DRIVERS OF PRIVATE OR LEASED VEHICLES

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<tr>
<th>Student</th>
<th>Parent</th>
<th>Teacher or Staff Member</th>
<th>Other Adult</th>
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### VEHICLE TYPE

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<tr>
<th>Car</th>
<th>Van (10 passenger or less)</th>
<th>SUV</th>
<th>Other</th>
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### RISK RELATED

<table>
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<tr>
<th>Swimming Pool</th>
<th>Amusement or Theme Park</th>
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### STOCK EPINEPHRINE

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<tr>
<th>Will be available on this trip</th>
<th>Will not be available on this trip</th>
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</thead>
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<td>☑</td>
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### Pupil Agreement

While participating in this trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

<table>
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<tr>
<th>Signature of Student</th>
<th>Date</th>
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</table>

### PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

I understand that participation in this trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the trip will involve activities off school property; therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any nonschool property.

### PARENT PERMISSION

<table>
<thead>
<tr>
<th>Participation in all aspects of this trip.</th>
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<tbody>
<tr>
<td>Participation in all aspects of this trip, except the amusement and theme park activities.</td>
</tr>
<tr>
<td>Participation in all aspects of this trip, except the water-related activities.</td>
</tr>
<tr>
<td>Other</td>
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</table>

I give permission for ____________________________ to participate in this field trip.

<table>
<thead>
<tr>
<th>Signature of Parent</th>
<th>Date</th>
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### IMPORTANT NOTICE
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Stotesbury Cup, Philadelphia, PA

FIELD TRIP LUGGAGE SEARCH

No student will be allowed to participate in the school activity scheduled for departure on __________, 20____, unless PART I or PART II is completed and signed by a parent or guardian.

PART I
CONSENT TO SEARCH

I, ________________________________, give my consent to officials of Fairfax County Public Schools and their officially designated representatives to search the luggage of my child, ________________________________, in connection with the school activity scheduled for the above date. Also, I give my consent for any search, deemed advisable, of my child's lodgings while on the trip.

______________________________  ______________________
Parent's or Guardian's Signature  Date

PART II
CERTIFICATION OF CONTENTS AND DELIVERY OF LUGGAGE

I, ________________________________, certify that I will search and deliver the luggage of my child, ________________________________, and it will not contain any illegal or prohibited items. Also, I give my consent for any search, deemed advisable, of my child's lodgings including luggage, while on the trip.

______________________________  ______________________
Parent's or Guardian's Signature  Date

FS-143 (8/07)
SRAA Nationals, Dillon Lake, OH

FIELD TRIP LUGGAGE SEARCH

No student will be allowed to participate in the school activity scheduled for departure on May 23-25th, 2019, unless PART I or PART II is completed and signed by a parent or guardian.

PART I
CONSENT TO SEARCH

I, ____________________________, give my consent to officials of Fairfax County Public Schools and their officially designated representatives to search the luggage of my child, ____________________________, in connection with the school activity scheduled for the above date. Also, I give my consent for any search, deemed advisable, of my child’s lodgings while on the trip.

______________________________  __________________________
Parent’s or Guardian’s Signature  Date

PART II
CERTIFICATION OF CONTENTS AND DELIVERY OF LUGGAGE

I, ____________________________, certify that I will search and deliver the luggage of my child, ____________________________, and it will not contain any illegal or prohibited items. Also, I give my consent for any search, deemed advisable, of my child’s lodgings including luggage, while on the trip.

______________________________  __________________________
Parent’s or Guardian’s Signature  Date
TRIP MEDICATIONS – AUTHORIZATION TO BRING and SELF-ADMINISTER MEDICINES

If applicable, please complete and submit this form AND...

PUT A COPY OF THIS FORM IN YOUR SUITCASE/BACKPACK IN A ZIPLOC BAG WITH ANY AND ALL MEDICATION BROUGHT BY A STUDENT TO AN AWAY REGATTA – TO BE REVIEWED DURING LUGGAGE SEARCH

This form is necessary for ALL medications – both prescription and nonprescription. It must be signed by the rower AND a parent/guardian

My student has my permission to bring and self-administer the following medications while on the away regatta to St. Andrews Invitational

Rower’s Name (Last, First)__________________________________________________

Medications and planned dosages and frequency of dosages

___________________________________________________________________________

Parent/Guardian Signature and Date _______________________________________________________________________

I, ________________________________(student’s name) will follow all medication instructions and will not dispense any medication to anyone other than myself. Failure to comply by the rules will result in my dismissal from the regatta and possible suspensions/expulsion by FCPS upon my return.

Student Signature and Date: ________________________________
TRIP MEDICATIONS – AUTHORIZATION TO BRING and SELF-ADMINISTER MEDICINES

If applicable, please complete and submit this form AND...

PUT A COPY OF THIS FORM IN YOUR SUITCASE/BACKPACK IN A ZIPLOC BAG WITH ANY AND ALL MEDICATION BROUGHT BY A STUDENT TO AN AWAY REGATTA – TO BE REVIEWED DURING LUGGAGE SEARCH

This form is necessary for ALL medications – both prescription and nonprescription. It must be signed by the rower AND a parent/guardian.

My student has my permission to bring and self-administer the following medications while on the away regatta Stotesbury Regatta, Philadelphia, PA

Rower’s Name (Last, First)__________________________________________________

Medications and planned dosages and frequency of dosages
___________________________________________________________________________
___________________________________________________________________________

Parent/Guardian Signature and Date __________________________________________

I, _________________________________________(student’s name) will follow all medication instructions and will not dispense any medication to anyone other than myself. Failure to comply by the rules will result in my dismissal from the regatta and possible suspensions/expulsion by FCPS upon my return.

Student Signature and Date: _______________________________________________
TRIP MEDICATIONS – AUTHORIZATION TO BRING and SELF-ADMINISTER MEDICINES

If applicable, please complete and submit this form AND...

PUT A COPY OF THIS FORM IN YOUR SUITCASE/BACKPACK IN A ZIPLOC BAG WITH ANY AND ALL MEDICATION BROUGHT BY A STUDENT TO AN AWAY REGATTA – TO BE REVIEWED DURING LUGGAGE SEARCH

This form is necessary for ALL medications – both prescription and nonprescription. It must be signed by the rower AND a parent/guardian

My student has my permission to bring and self-administer the following medications while on the away regatta to  SRAA Nationals, Dillon Lake, OH_____

Rower’s Name (Last, First)________________________________________________________

Medications and planned dosages and frequency of dosages
___________________________________________________________________________
___________________________________________________________________________

Parent/Guardian Signature and Date  ____________________________________________

I, ________________________________(student’s name) will follow all medication instructions and will not dispense any medication to anyone other than myself. Failure to comply by the rules will result in my dismissal from the regatta and possible suspensions/expulsion by FCPS upon my return.

Student Signature and Date: ______________________________________________