

### Overview of Away Regattas - 2022

There are 3 away regattas planned for spring 2022 requiring the effort and coordination of the entire team.

#### Thursday, May 19th through Saturday, May 21st 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.

<u>Thursday, May 26rd— Saturday, May 28th SRAA Nationals:</u> Camden, NJ - 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, 2022.

Forms can also be scanned and emailed to Valeria Jopeck at viopeck@gmail.com.

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 Valerie Jopeck at vjopeck@gmail.com.



# AWAY REGATTA COVER SHEET INFORMATION AND FORM CHECKLIST



(Return this with your forms please)

Rower Nam	e (Last, First)		
Parent(s)/G	uardian(s)		
1)	<ul> <li>Are you willing to be a chaperone? (EVEI)</li> <li>Stotesbury Cup Regatta 5/19-5/21</li> <li>SRAA Nationals 5/26-5/28</li> </ul>		A PARENT CHAPERONE.)
2)	<ul> <li>Are you willing to drive?</li> <li>Stotesbury Cup Regatta 5/19-5/21</li> <li>SRAA Nationals 5/26-5/28</li> </ul>	(Yes/No) (Yes/No)	
3)	<ul> <li>Can you help with luggage check? (Thurs</li> <li>Stotesbury Cup Regatta 5/19</li> <li>SRAA National s 5/26</li> </ul>		MHS)

Submitted?	Verified (leave blank)	Form	Required?	
		Summary Notes for Chaperones and Hospitality Volunteers	Required	
		Parental Authorization and Acknowledgement of Risk for Field Trip		
		St. Andrews	Required	
		Stotesbury	Required	
		SRAA Nationals	Required	
		Field Trip Luggage Search		
		Stotesbury	Required	
		SRAA Nationals	Required	
		Trip Medication—Authorization to Bring and Self Administer Medicines		
		Stotesbury	If applicable	
		SRAA Nationals	If applicable	



# 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.

	following information	1.			
•	Rower's Name (Last, First)  Rower Cell phone during away regattas  Emergency Contact during away regattas				
	for Emergency Conta				
	ioi ziiioi geiio, ceiita				
Rower dietary res	strictions (If due to a f	ood allergy, please	e note after each res	triction "A (M)" for mild	
•			n/gluten-free/etc.if	applicable. Please provide a	
brief description	of any potential allerg	gic reactions.			
Each chaperone w	vill be equipped with a	a basic first aid kit a	and limited over the o	counter medications.	
	No) if your child may				
Pepto Bismol/Tur	ms/Rolaids , Benadryl	, Imodium	, Tylenol	,Advil,	
Dramamine	, Benadryl	, Cough drop	os		
If your child bring	s medication of the tri	in we must have a	list of all medication	s (prescription and over the	
		• •		own medication or release	
•	PS employees authoriz		• •		
•	f this authorization or	•	., .	(	
	itions (prescription an	id over the counte	r) that your rower in	tends to bring on the away	
regattas:					
Please note if you	intend to allow your	child to carry his/l	her own medications	s (Yes/No)	
Parent/Guardian	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 <u>Stotesbury Regatta</u> , Philadelphia, PA				
Rower's Name (Last, First)				
ledications and planned dosages and frequency of dosages				
arent/Guardian Signature and Date				
(student's name) will follow all medication				
nstructions and will not dispense any medication to anyone other than myself.				
ailure to comply by the rules will result in my dismissal from the regatta and				
ossible suspensions/expulsion by FCPS upon my return.				
tudent 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 nedications while on the away regatta to SRAA Nationals, Camden, NJ			
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:			