

TEAM GROUP HEALTH TRAVEL POLICY

Hillsborough High School Rowing Club (HHSRC)



Created on 08/18/24
Revised on 10/19/24

I. PURPOSE

Hillsborough High School Rowing Club (HHSRC) provides a practical and effective policy for managing the health risks associated with team travel involving novice and varsity rowers. The HHSRC Team Group Travel Policy (“Team Group Travel Policy”) is designed to promote the safety of HHSRC rowers engaged in team travel while providing flexibility related to such travel.

II. APPLICABILITY

The Team Group Travel Policy applies to club team travel (“Team Group Travel”), which shall include:

Any travel involving a member(s) of the club (“club sport participant”) that is directly related to the participation in rowing regattas, where the team travels together; and

Any travel involving a member(s) of a club sport team recognized by SafeSport (“club sport participant”) that is directly related to participation in the club sport.

Travel Not Included in this Policy: “Local student travel” is any travel within a 150-mile radius of the Tampa River Center, where the team does not travel together and is not considered Team Group Travel for purposes of this policy. Therefore, the following local student travel is not considered Team Group Travel: (i) to and from the Tampa River Center for practice, competition or other activities; (ii) to and from hotels during regattas if choosing to stay in a hotel, which is not required by the club and is within a 150 miles from the Tampa River Center; (iii) to and from community service activities; and (to and from other informal and/or voluntary team activities. As an illustration of the scope of this policy, student travel in a personal vehicle from a local residence to a team practice on campus, or from campus to a local facility for a competition or practice (e.g., the rowing boat house), is not within the scope of this policy, even if the personal vehicle includes more than one student. However, this policy does not limit or preclude the applicability of any other HHSRC policies to such types of travel, such as HHSRC Vehicle Usage Policy.

III. RESPONSIBILITY FOR ADMINISTRATION

Responsibility for administration of the Team Group Travel Policy, including ongoing education regarding the policy, rests with the HHSRC Board of Directors. For Team Group Travel related to regattas, HHSRC’s Board of Directors should ensure that the appropriate coaches, advisors, staff members, participants, and others affiliated with the club understand the Team Group Travel Policy.

IV. GENERAL HEALTH GUIDELINES

Team Group Travel requires all student athletes to be in proximity for an extended time and therefore increases the risk of spreading viral and bacterial infections. It is required that all members of the club, including parents, are familiar with best practices for reducing or limiting the spread of viruses:

Wash hands often with soap and water for at least 20 seconds. Dry hands with a paper towel and, if needed, use the towel to open restroom door before disposing towel. Wash hands before eating, after using the restroom and after coughing or sneezing.

Use hand sanitizer (at least 60% alcohol) when handwashing is not possible. Sanitizer must be rubbed into hands until completely dry.

Athletes should bring their own pre-filled, reusable water bottles. Water fountains should be used to fill water bottles only and not to directly drink from.

Sharing beverages or drinking from the same beverage container is not permitted.

Athletes should clean all team/shared equipment after every use.

Cover coughs and sneezes with a tissue, and then dispose the tissue and clean hands immediately. If tissues are unavailable, use elbow (not hands).

V. GUIDELINES PRIOR TO TEAM TRAVEL

Boat lineups are assigned and submitted weeks in advance of regattas. The success of the team is based on the health of its athletes. One athlete with the flu can bring down an entire team. It is the responsibility of parents and athletes to adhere to the guidelines outlined in section IV. However, there are occasions where an athlete may be exhibiting symptoms such as, malaise, fever, cough etc. or just feel ‘under the weather’. If your student-athlete is experiencing any symptoms of illness or general discomfort within **7 days prior to travel**, please ensure they are evaluated by a medical professional and tested for flu, strep, and COVID-19, with all results being negative before they are cleared to travel. Any athlete that expresses not feeling well, will not be able to travel and participate in regattas without a negative test result.

Prior to any team travel, all parents/guardians will be asked to give consent for HHSRC permission to seek emergency treatment in the event it is necessary and provide health insurance details. This is especially important for parents/guardians that will not be attending regattas – ‘Hillsborough High School Rowing Club Consent and Medical Release’. In addition to this form, parent/guardians should have also completed the ‘Authorization for Student to Self-Carry and Independently Self-Administer Emergency Medication(s)/Procedure(s) for Life Threatening Medical Conditions’ should your Student-Athlete require the use of prescribed emergency medications, such as, Epi-pen, inhaler, etc.

VI. BUS, COACH AND AIR TRAVEL

Airports, bus stations, train stations, and highway rest stops are all places’ where increased exposure to viruses and bacteria exists. Travelers can be exposed to viruses in the air or on surfaces. Everyone should be practicing the general guidelines outlined above; however, additional measures should be taken when traveling by bus, coach or plane:

Prior to boarding the coach, bus or plane, clean all non-porous surfaces, such as, trays, arm rests, railings and other high touch surfaces, with Microban 24. If this is not possible, offer every passenger disinfectant wipe to clean the area around them.

When boarding or disembarking the coach, bus or plane, all passengers must clean hands with sanitizer. This can be offered at the door.

Ensure that the driver has the windows open or that the vehicle’s air vents are open and set to fresh air – not recirculation. Limit moving around on the coach, bus or plane.

VII. HOTEL STAYS

All Student-Athletes attending Head of the Hooch in Chattanooga, Tennessee are required to stay in the same hotel for logistical purposes and team comradery. There will be NO mixing of male and female Student-Athletes within the hotel rooms.

SafeSport regards all Student-Athletes at the age of 18 are considered adults and therefore will not be in rooms with minors. All Student-Athletes are expected to conduct themselves as outlined in the Participation Policy and will conduct themselves in a manner not to disturb the other guests. Coaches will set the time for lights out and it is expected that no Student-Athlete will be out of their room.

VIII. ILLNESS OR INJURY DURING TEAM TRAVEL

Coaches register boat line ups weeks ahead of regattas and the expectation is that all rowers are fit for their lineup. However, unexpected illnesses can happen causing coaches to change lineups so as not to not scratch the race. Please bear in mind, that coaches cannot replace 50% or more of the rowers in the boat, therefore managing and containing any possible illnesses that can be communicable is extremely important.

Should a Student-Athlete exhibit symptoms whilst away, they need to inform the coaches so that the situation can be monitored. In some circumstances, it may be required to remove the Student-Athlete from the room they share with other Student-Athletes, to minimize the risk of transmission. If additional rooms are required, this cost will be passed onto the parent/guardian.

HHSRC encourages parent/guardian attendance but understands that this might not be feasible. However, if your Student-Athlete does get sick, they will not be permitted to travel on the bus with the rest of the team in the interests of health. A parent/guardian will be required to travel and pick up their Student-Athlete, of which costs will be solely the responsibility of the parent/guardian.

Signed,

Student Name:

Student Signature:

Date:

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

HILLSBOROUGH HIGH SCHOOL ROWING CLUB CONSENT AND MEDICAL RELEASE FORM

ATHLETE'S NAME: _____ GRADE: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CELL #: _____ HOME #: _____ WORK #: _____

EMERGENCY CONTACT NAME & NUMBER: _____

(CANNOT BE PARENT OR GUARDIAN)

MEDICAL INFORMATION TO BE COMPLETED BY PARENT / GUARDIAN

Is the athlete currently taking or required to have access to prescribed and/or emergency medication? If yes, please list the medication(s)/reason: _____

Allergies to Medications: _____ Date of last tetanus: _____

Are there any significant physical limitations or medical conditions, e.g. asthma, diabetes, seizures etc.? If yes, please explain: _____

Has the athlete sustained any of the following injuries:

Dislocation of a joint? If yes, please describe: _____

Broken bone? If yes, please describe: _____

Rowing involves high-intensity exercise. I, the parent or legal guardian of _____, give permission that he/she is physically capable to enroll and compete in supervised rowing activities. I further state that I will accept full responsibility for the cost of treating any injury the athlete identified herein may suffer while participating in club activities and have insurance coverage identified below:

Medical Insurance Company Name: _____ Policy #: _____

Medical Insurance Policy Holder Name: _____

Primary Care Physician Name & Phone #: _____

Date: _____ Parent/Guardian Name (print): _____

EMERGENCY MEDICAL RELEASE

Hillsborough High School Rowing Club (HHSRC) require parents/guardians of all athletes to allow permission to obtain emergency medical treatment in the event it is necessary. This form must be completed for your athlete to participate with HHSRC. Accidents, however minor, do happen. HHSRC needs to be aware of the necessary procedures you wish to follow should the need arise. Please provide the information requested below and have your signature notarized. If emergency medical treatment becomes necessary at an out-of-area regatta, HHSRC will secure treatment at the nearest possible facility to the regatta site.

Please notify the club by email, hhsrowingclub@gmail.com, if there are any changes to this form.

To Whom It May Concern:

I consent for Hillsborough High School Rowing Club (HHSRC) to obtain emergency medical treatment for my child, _____ throughout the 2024/2025 academic year and I will be liable for all expenses incurred for such treatment.

STATE OF FLORIDA, COUNTY OF HILLSBOROUGH

Sworn to and subscribed before me on _____, by the undersigned, _____,
Date Name of Parent / Guardian

Who has satisfactorily proved to me to be the person whose name is subscribed to this document.

Notary Name: _____ Notary Signature: _____

My Commission Expires On: _____ Notary Seal: _____

Authorization For Student to Self-Carry and Independently Self-Administer Emergency Medication(s)/Procedure(s) for Life Threatening Medical Conditions

Date: _____ Grade: _____ School: _____

Athlete Name: _____ Date of Birth: _____

To be completed by physician:

Diagnosis: _____

The above-named student athlete is under my care. This student athlete has a life-threatening illness and has been instructed in the proper management of his/her health condition. In addition, this student has demonstrated proper self-administration of medications, treatments and/or procedures and has shown the skill level necessary to manage their own care.

<i>Telephone</i>	<i>Printed Physician's Name</i>	<i>Signature</i>	<i>Date</i>
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To be completed by parent:

I request for my child to carry and self-administer medications, treatment, and/or procedure, as indicated in the physician's order during the practice, regatta day, and club-sponsored activities or while in transit to or from school. My child has demonstrated the necessary skill level to implement the care plan prescribed by his/her health care provider. I am responsible for ensuring my child has all medications, treatment, procedure equipment, and supplies for their life-threatening health condition. Supervision will not be provided by the club. This form is effective only for this 2024/2025 academic year and includes all club sponsored activities.

By signing this form, I am indemnifying and holding Hillsborough High School Rowing Club (HHSRC) harmless against any injury or claims that arise because of the athlete's self-management of a life-threatening health condition. Club personnel will contact the athlete's healthcare provider if there are questions or concerns about the athlete's healthcare condition and/or treatment. I am aware the privilege of self-administration of medications, treatments, and procedures may be withdrawn if abused by the athlete. HHSRC reserves the right to seek emergency medical treatment for the athlete when deemed necessary and appropriate.

<i>Telephone</i>	<i>Printed Physician's Name</i>	<i>Signature</i>	<i>Date</i>
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To be completed by athlete:

I will keep my medication, supplies & equipment with me at practice and regattas. I will use only as prescribed by my healthcare provider. I will not allow any other person to use my medication(s) or procedure equipment. I will notify coach or a board member if I am having more difficulty than usual with my health condition. I will carry my medication in a water proof container and have it with me on the boat.

Printed Athlete Name	Athlete Signature	Date
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