HHS Robotics Offseason Competition #2 - RoboJawn

Event Location	Date(s)	Day of Contact(s)
Springside-Chestnut Hill Academy 500 W Willow Grove Ave Philadelphia, PA USA	Saturday, July 11th Sunday, July 12th	Cassie Pezza cpezza@haverfordsd.net (610) 233-5951

This event is open to the public so parents and siblings are welcome to attend and cheer us on! Please reach out with any questions/comments.

For an overview of the game this year checkout the game reveal here: https://youtu.be/YWbxcjlY9JY

Schedule:

Saturday	Sunday
6:45AM Students should begin to arrive at HHS	6:45AM Students should begin to arrive at HHS
7:00AM Team Leaves HHS (no exceptions!)	7:00AM Team Leaves HHS (no exceptions!)
7:30AM Event Doors Open	7:30AM Event Doors Open
*See https://robolancers.com/robojawn/ for detailed event packet and schedule	
6:30PM Pit close (or 30 minutes after last match)	4:00PM Pit close (or 30 minutes after last match)
6:30PM Event Block Party/After Party	4:45PM Vans Returns to HHS (Approximate)
8:30PM Vans return to HHS (approximate)	

**Note: EVERYONE is expected to help unload the van when we return. Unless we are aware of a conflict ahead of time, no one will be permitted to leave until EVERYTHING is back in the robotics room*

Expectations:

- DO Wear team shirts, closed toed shoes, and school appropriate clothing.
- DO Let me know ahead of time if you do not plan on traveling on the bus with team (e.g. change of plans, parents driving, skipping a day, a planned late arrival up late, etc)
- DO Bring cash with them to purchase lunch/snacks/drinks throughout the day
- DON'T bring outside food/beverage into the venue
- DON'T Leave the venue early without a parent/guardian speaking to myself in person at the time of pickup

Recommendations:

- Download The Blue Alliance App for live match updates and rankings
- Sign-up for the team's Remind to receive our match schedule and ETA updates

Keep this sheet
Return following sheets

The School District *of* Haverford Township

School District of Haverford Township Field Trip Permission Form

I. Field Trip Information

I, _____ (*Parent/Guardian*), hereby give _____ (*Student*) permission to attend the field trip

To:	Date of Event	Departure Time	Estimated Return Time
Springside-Chestnut Hill Academy 500 W Willow Grove Ave Philadelphia, PA USA	7/11/2026	7:00AM	7:00PM / 8:30PM*
	7/12/2026	7:00AM	4:45PM

*Select below whether your child is interested in staying for the Saturday block party. Selecting an option does not guarantee the team will be able to support that selection. Depending on interest/mentor availability we may split the team into 2 departing groups.

Block Party Interest Selection: YES / NO

II. Emergency Contact Information

Please list a local emergency contact where someone may be reached during the field trip in the event of an emergency.

Emergency Contact #1:	**Emergency Contact #2:**
Name:	**Name:**
Relationship to Student:	**Relationship to Student:**
Phone Number:	**Phone Number:**

III. Student Responsibility

The student has the responsibility to have this form completed and returned to the sponsoring teacher at least. This form must be returned to _Cassie Pezza_____ no later than **_Thursday,_July 3rd___.** If you fail to do so, you will not be allowed to participate in this trip.

IV. Teacher Notification (N/A FOR THIS EVENT)

Students are responsible for completing any work missed during this absence. Students must reach out to their teachers to make arrangements for any missed work prior to their field trip. Field Trips will be coded in PowerSchool to notify teachers of the reason for the student's absence.

V. Emergency Health Services

In case of an emergency, when neither parent(s) nor emergency contact(s) can be reached, I give school authorities permission to call a physician or take whatever action is deemed necessary, including transporting my child to a local hospital at my expense. I will accept financial responsibility.

Parent/Guardian Signature: _____ **Date:** _____

VI. Medical Concerns

Health conditions, allergies, and/or other medical concerns:

_____

☐**Check if none**

Medications that will require administration during the field trip (if any):

_____

***Please complete the required forms as outlined below.**

VII. Medications

Board Policy 210: Medications

Board Policy 210AR1: Medications AR1

Any medication to be administered during the trip requires either a **"Physician's Order for Prescription & Over-the-counter medication"** or a **"Physician's Order - Self Administration"** form to be **completed by the physician's office** and **signed by the parent/guardian**.

All medication must be provided to the school nurse in its original container.