

PROPOSAL FOR OVERNIGHT TRIPS

Type of Trip: Eastern Ohio Basketball Camp

Departure Date: June 20 _____ Return Date: June 23 _____

Proposer: Brian Miller _____ Position: Head Coach _____

Response Date Needed: May 31 _____ Date Proposed: May 1st _____

School Days Missed (list dates): _____ NONE _____

Destination: Huggins Camp in Sherrodsville Ohio _____

Lodging (contact numbers): _____

740-269-4444 Larry Huggins camp office eosprtscomplex.com _____

Number of Coaches Attending: 4 – Coaches Cook, Smith, Miller, Virgin, Koncz _____

Number of Chaperones Attending: 2 _____

Meals: provided by the camp _____

Transportation: Bus down on June 20th at 4pm _____
Return Thursday nite at 9pm or Friday morning at 10am That's TBA based on player numbers

Total Costs: \$225.00 per player _____

Cost per Student: 225.00 per player _____

Source of Funds: players pay directly to the camp _____

How will Funds be Collected and Deposited?: _____

Players pay directly to the camp _____

Provision made for Students Financially unable to pay?: _____

See coach Miller for any \$ help _____

(over)

Attach Student Name & Contact Number Form
(use additional page if needed)

Attach Coach & Chaperone Form

Brian J Miller

May 1st 2023

Signature of Requestor

Date

Approved:


Principal

5.1.23
Date


Superintendent

5/9/23
Date

Board of Education

Date

STUDENT CONTACT INFORMATION FORM

List all Students attending event and Emergency Contact Number

NAME:

CONTACT NUMBER(S):

List provided to AD office when final players are confirmed

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

**COACH & CHAPERONE
CONTACT INFORMATION FORM**

List all Coaches & Chaperones attending event and
Number(s) where they can be reached

NAME:

NUMBER(S):

Brian Miller

Natalie Cook

Rachel Smith

Kirt Virgin

Laura Koncz

Bailey Shutsa

Bennett Miller

CHECK LIST FOR OVERNIGHT/ ATHLETIC TRIPS

- ___ 1) Approved Overnight/ Athletic Trip Form
- ___ 2) Student / Coach & Chaperone Contact Forms
- ___ 3) Properly Certified Driver (Driver's License & Insurance Card)
- ___ 4) Safe Vehicle
- ___ 5) Parental Consent Forms
- ___ 6) Emergency Medical Release Forms
- ___ 7) List of Students to Whom Medication will be Administered
with Proper Instructions
- ___ 8) All Required Medicine for Students on List
- ___ 9) First Aid Supplies
- ___ 10) Equipment
- ___ 11) Food & Water (if needed)

RESPONSIBILITY CONTRACT FOR OVERNIGHT TRIPS

It is a privilege for you to participate in the District-Sponsored Trip to: EASTERN OHIO BASKETBALL CAMP. Because this trip is part of the District's Athletic Program, it is imperative that you adhere to the Athletic Code of Conduct for overnight trips as well as the applicable provisions of the general Code of Conduct. You must remember that from the time of departure to your arrival home, you are the responsibility of the District.

I agree to:

- A) Refrain at all times from the consumption of alcoholic beverages and/or drugs unless said drugs are prescribed by a physician and dispensed by school personnel or self-medication and/or possession are properly authorized.
- B) Sleep in my assigned room and not entertain members of the opposite sex in my room, unless my room door is fully opened, and an adult chaperone is notified.
- C) Keep my assigned chaperone advised of my whereabouts at all times
- D) Attend all mandatory activities and meal functions
- E) Adhere to all established curfews
- F) Conduct myself in such a manner as to bring pride to myself, my family, my school, and my community
- G) Adhere to any established dress code
- H) Comply, throughout the trip, with any and all instructions directed to me and/or the group by a chaperone or staff member

If a problem arises that is serious enough in nature to warrant the below-named student's removal from the travel group, we (the student and parent/guardian) agree to bear any additional costs to return the student home. NOTE: This removal decision will be made by the accompanying professional staff member after a student has been provided the opportunity to respond to any allegations. The students may also be subjected to discipline upon return home in accordance with general district policies.

Student

Date

Parent

Date