

PROPOSAL FOR OVERNIGHT TRIPS

Type of Trip: Overnight to Eastern Ohio Basketball Camp

Departure Date: 6/21 **Return Date:** 6/24

Proposer: Coach Miller **Position:** Head Coach

Response Date Needed: BOE meeting **Date Proposed:** March 20, 22

School Days Missed (list dates): none

Destination: Sherrodsville, Ohio

Lodging (contact numbers): on site in dorms

Number of Coaches Attending: 3

Number of Chaperones Attending: none

Meals: included

Transportation: bus down and return bus back

Total Costs: 215.00 per player

Cost per Student: 215.00 per player

Source of Funds: they pay direct to eastern ohio

How will Funds be Collected and Deposited?: pay direct to the camp

Provision made for Students Financially unable to pay?: see Coach Miller

see Coach Miller

(over)

RESPONSIBILITY CONTRACT FOR OVERNIGHT TRIPS

It is a privilege for you to participate in the District-Sponsored Trip to: _____ . 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

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)**

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

Attach Coach & Chaperone Form

BRIAN J. MILLER

Brian J. Miller

3/20/22

Signature of Requestor

Date

Approved:

[Handwritten Signature]

Principal

3.23.22

Date

Superintendent

Date

Board of Education

Date