

# Kentlake Falcon Football

## 2019 Gridiron of Champions Team Camp

JUNE 28<sup>th</sup> -JULY 1<sup>st</sup>

Evergreen State College, Olympia, WA

Parents and guardians need to provide transportation. **We will all meet in the Auxiliary Gym on Friday, June 28th at 7:00 am and leave together.** Parents are encouraged to attend the final scrimmages on Monday, July 1<sup>st</sup> and will need to be responsible to provide transportation home from camp on Monday, July 1<sup>st</sup>. We are typically done by noon on Monday. Players need a minimum of seven Spring practices—three in helmets, four in full gear--prior to being eligible to compete against other teams at camp. Each player will need to bring a lunch for the first day of team camp

### **Camp Cost: \$300 due June 10th**

Pay on-line via [kentlakefootball.com](http://kentlakefootball.com)

or via check payable to

"Kentlake Football Booster Club"

**Registration forms are due by June 10<sup>th</sup>** and can be turned into Kari Roller at the following times/locations:

- Team BBQ on May 31st
- After practice on June 3<sup>rd</sup>, June 7<sup>th</sup> and June 10<sup>th</sup> outside the locker room
- Cedar Height MS on June 10th from 7-8 pm
- Email to [jakaroller@comcast.net](mailto:jakaroller@comcast.net)

### **ALL Registration Forms listed below are needed by June 10th**

- Gridiron of Champions 2019 Team Camp Registration
- Medical Information Form
- Medical Administration Form
- Field Trip Behavior and Expectations
- Parent Guardian Authorization for Field Trip
- Student Private Transportation Form\*  
\*THIS FORM IS NOT FOR STUDENTS DRIVING—STUDENTS ARE NOT ALLOWED TO DRIVE THEMSELVES OR OTHER STUDENTS TO CAMP. Please make arrangements to transport your own child or have your child ride with another parent/guardian to the camp. Either way, EVERY student needs to fill out the Student Private Transportation Form.
- Volunteer Driving Screening (if driving players other than your own)

**WE WILL PRINT A COPY OF ALL PHYSICAL FORMS FROM FAMILY ID BUT PHYSICALS NEED TO BE GOOD THROUGH THE END OF TEAM CAMP ON JULY 1st (THEY CAN'T EXPIRE ON THE 30th )**

If you have any questions email Kari Roller at [jakaroller@comcast.net](mailto:jakaroller@comcast.net) or call/text at 206-618-0192 or contact Coach Hurt



## **2019 Gridiron of Champions Team Summer Camp Details**

**Dates:** **SESSION 1:** June 22<sup>nd</sup> – 25<sup>th</sup> **SESSION 2:** June 28<sup>th</sup> – July 1<sup>st</sup>

**Steve Gervais** is a native of the State of Washington and has been coaching high school football for over 30 years. As a head coach, he won 15 league championships and six state titles. Steve was an assistant coach at the University of Washington and also an Athletic Director at Bishop Blanchet High School. Over the years of competing, a common denominator for his teams was the attendance at a summer team camp. While at camp, player's skills improved, team unity was strengthened and an attitude and belief developed that anything was achievable. It is for this reason Steve created the "Gridiron of Champions" Team Football Camp. His goal is to enable both the coaches and individual athletes develop the team skills and mental edge to compete for a Championship season.

### **THE BASICS:**

Gridiron of Champions is a full contact camp for high school football programs. Steve Gervais Academy will be hosting the 2019 camp at the Evergreen State College in Olympia. This year there will be three respective sessions, each lasting four days and three nights. Most schools stay overnight in campus housing, but we do allow for some commuter schools. Campers and staff will eat at the Greenery, Evergreen's dining hall (Daily meals are included in the cost of the camp).

### **ON THE FIELD:**

Throughout the camp, individual instruction will be provided by the athlete's high school coaching staff. This allows the coaches from each high school to maximize the time spent with their team members---teaching fundamentals and skills that best suit their own athletes. Following individual instruction, each team will be involved in a team session. During this time, teams will have an opportunity to compete against one another. The Gridiron Camp staff will be on hand to help coaches and athletes in any way possible.



### **AFTER PRACTICE:**

Certified athletic trainers will be on site for all practices and will be available to assist athletes 24 hours per day. Evening activities include: 7 on 7 competitions, weight lifting, swimming, lineman challenges and team building activities.

### **LOGISTICS:**

Resident campers will not be permitted to leave camp at any time except by permission of the Camp Director and their Head Coach. Automobiles left on campus will be charged a parking fee of \$3.00 per day. The final day of camp will conclude with teams scrimmaging one another. Family members and friends are invited to attend the last day of camp to support teams during scrimmages. At the conclusion of the final day of camp, athletes and coaches will return to pack, clean and check out of their dorm. A staffer must approve your room and sign off your return of keys. A staffer must approve your room (damage assessment) and confirm that all keys are turned in.

### **PHYSICALS & INSURANCE:**

All camp participants are required to provide a non-returnable physical fitness statement from their physician. Athletes will also be required to provide emergency information along with verification of medical insurance prior to participation. **Athletes will NOT be permitted to participate without all forms filled out completely and turned in.**

### **DAILY SCHEDULE:**

MORNING SCHEDULE	AFTERNOON & EVENING SCHEDULE
7:00 AM Breakfast	2:15 PM Team Stretch
8:30 AM Coaches meeting	3:20 PM Break
9:00 AM Camp meeting	3:30 PM Team Period
9:15 AM Team Stretch	4:45 PM Dinner
10:15 AM Break	6:30 PM 7 on 7 / Linemen Challenge
10:30 AM Team Period	10:30 PM In Rooms (lights out at 11 PM)
11:35 AM Lunch	



### WHAT TO BRING:

• Towels, washcloth	• Alarm clock	• Sweats
• Soap	• Spending money	• Long pants
• Sun screen	• Football	• Athletic supporters
• Personal toiletries	• Football shoes-grass	• Tennis shoes
• Bathing suit	• T-shirts	• Rain gear
• Sleeping bag/bedding	• Shorts	• Practice jersey
• Pillow	• Socks	

• Full gear (helmets, shoulder pads, pants, belt, girdles/pads, jerseys, mouthpiece)
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• <b>Rental Equipment will NOT be available</b>
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### DRIVING DIRECTIONS:

**The Evergreen State College, 2700 Evergreen Pkwy NW, Olympia, WA 98505**

#### From north or south:

Take Interstate 5 to Olympia. Turn onto Highway 101 at Exit 104. Head west on 101 N for three miles. Take The Evergreen State College exit. Go two miles North on the Evergreen Parkway to the main campus entrance (at the roundabout). Follow the signs to the parking lot and check-in.

#### From the west:

Go east on Highway 101 North toward Olympia. Take the Aberdeen/Shelton exit. Turn left at the stop sign onto 2nd Ave SW, which becomes Mud Bay Road. Follow the road's curve to the right and continue up the hill. At the hill's top, just beyond the overpass, turn left at The Evergreen State College exit. Merge onto Evergreen Parkway. Go two miles north to the main campus entrance (at the roundabout). Follow the signs to the parking lot and check-in.

## Steve Gervais Academy Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. Concussions are often caused by an impact to the head, or to another part of the body, with the force transmitted to the head. Concussions disrupt the way the brain normally works, and vary greatly in severity. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** You can't see a concussion, and most sports concussions occur without loss of consciousness. Signs and symptoms may show up right away, or can take hours or days to fully appear. Seek medical attention immediately if you suspect your child has suffered a concussion/

### **Signs observed by teammates, parents, or coaches may include that the athlete:**

Appears dazed or confused	Has a vacant facial expression ("blank stare")	Is unsure of events of game, score, opponent
Confused about assignment	Moves clumsily/appears uncoordinated	Can't recall events from before the injury
Has slurred speech	Answers questions slowly or can't answer	Can't recall events from after the injury
Loses Consciousness	Has seizures or convulsions	Shows behavior or personality changes

### **Symptoms may include one or more of the following:**

Headaches	"Pressure in head"	Nausea/vomiting	Neck pain	Balance problems or dizziness
Blurred or double vision	Sensitive to light or noise	Drowsiness	Amnesia	Feels sluggish or slowed down
Feeling foggy or groggy	Changes in sleep patterns	Fatigue/no energy	Sadness	Mood/emotional changes
Nervousness or anxiety	Concentration problems	Memory problems	Confusion	Repeats same question/comments

### **What happens if my child keeps playing with a concussion, or returns too soon?**

Athletes with signs/symptoms of a concussion should be removed from play immediately. Continuing to play while experiencing signs or symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is increased risk of significant brain damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling ("second impact syndrome") with devastating and even fatal consequences. It is well known that teenage athletes will often underreport symptoms of injuries – concussions are no different. We urge parents to be especially vigilant and watchful, as they know their child best, and are best able to notice changes in the child that may result from a concussion.

### **If you think your child has suffered a concussion**

If you notice signs or symptoms of a concussion in your child, seek immediate medical attention right away from a licensed healthcare provider trained in the evaluation and management of concussions, or your hospital's Emergency Department. Any athlete suspected of suffering a concussion must be removed from the game or practice immediately, and may not return until the athlete is evaluated (and cleared in writing) by a licensed healthcare provider trained in the evaluation and management of concussions. This only includes Physicians (MD or DO), Athletic Trainers (AT/L), Nurse Practitioners (ARNP) and Physician Assistants (PA-C).

More information about concussions is available at [www.cdc.gov/ConcussionInYouthSports/](http://www.cdc.gov/ConcussionInYouthSports/).





# Steve Gervais Academy - Gridiron of Champions — 2019 Team Camp Registration

## Details:

Each team's coach or designated representative will be responsible for:

### 1. REGISTERING ALL CAMPERS

### 2. SUBMITTING COMBINED CAMP FORMS

- Registration
- Copy of physical (provided by physician)

### 3. MAKING PAYMENT FOR CAMP FEES

- Note – All payments and forms will be submitted by the team's coach in a single notebook
- No refunds will be made for campers dismissed from camp for disciplinary cause
- Refunds for any athletes injured and required to leave camp will be on a case by case basis
- Any camper not returning their key at check-out will result in a charge of \$125 to the Team
- Parents grant permission for their child's photograph or video to appear in promotional material regarding future camps.

## Camper Information

Name \_\_\_\_\_ Age \_\_\_\_\_

### Home Address:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade entering Fall 2019 \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ Primary Position \_\_\_\_\_ Secondary Position \_\_\_\_\_

## LIABILITY WAIVER\_2019

I, the undersigned, individually and as a parent/guardian of \_\_\_\_\_ (camper), a minor, ask that he be admitted to participate in the Gridiron Champions Team Football Camp. I do hereby agree to release, discharge and hold harmless Steve Gervais, employees and volunteers from any and all liabilities, claims, costs, expenses, injuries and or/losses, that I or my minor child may sustain as a result of my minor's attendance at the sport camp or in the course of competition and /or activities held in connection with the sport camp I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. I give permission for this form and my child's medical physical to be released to a medical professional/facility should my child need treatment or care. Additionally, by signing this Liability Waiver, I acknowledge that I have read and reviewed the High School Concussion Form.

Signature of Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_



## Medical Information Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/ Guardian Name(s): \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Emergency Contact Information:** (other than parent/guardian)

(1) \_\_\_\_\_  
Name Relationship to Student

\_\_\_\_\_  
Phone Number Other Contact Information

(2) \_\_\_\_\_  
Name Relationship to Student

\_\_\_\_\_  
Phone Number Other Contact Information

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**Primary Care Physician's Name and Contact Information (in case of an emergency):**

**Health Insurance Provider's Name, Policy #, and Contact Information (in case of emergency):**

**Insurance Provider Claim Instructions/Procedures (in case of emergency):**

Student has the following health issues and/or allergies of which KSD should be aware:  
Health Issues:

Allergies (food, medication, insects, plants, animals, etc.):

Student takes the following medications and/or prescriptions of which KSD should be aware:

List requirements/directions for administration of this medication:

If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Is there any factor that makes it advisable for your child to follow a limited program of physical activity, (i.e. asthma, recent surgery, heart condition, abnormal fear, etc.)?

If yes, specify the ways in which you wish his/her program limited:

Additional information of which KSD should be aware concerning student's health:

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**I authorize the release of the information given above to other school staff in order to coordinate services.**

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Student Signature, if at least 18 years of age

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Date

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Parent/Guardian Signature, if student is under 18 years of age

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Date

\* If necessary, attach doctor's letter to this form.

\* If necessary, attach copies that document student's shots and immunizations to this form.





## Medication Administration Form

\*Please send only essential medications with your student on this trip.\*

Student Name: \_\_\_\_\_

1. **Name of Medication** \_\_\_\_\_

Time(s) to be taken \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Side effects to be aware of/other information \_\_\_\_\_

2. **Name of Medication** \_\_\_\_\_

Time(s) to be taken \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Side effects to be aware of/other information \_\_\_\_\_

3. **Name of Medication** \_\_\_\_\_

Time(s) to be taken \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Side effects to be aware of/other information \_\_\_\_\_

**Additional Information/ Special Instructions:** \_\_\_\_\_

**I authorize my child to take the above medications on this trip.**

\_\_\_\_\_  
Student Signature, if at least 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature, if student is under 18 years of age

\_\_\_\_\_  
Date



# KENT SCHOOL DISTRICT

## FIELD TRIP BEHAVIOR AND EXPECTATIONS

### STUDENT AGREEMENT

I, \_\_\_\_\_ (print student name), understand and agree to follow the rules and expectations listed below while on my overnight field trip to

\_\_\_\_\_  
Date(s) of trip

\_\_\_\_\_  
Location(s) of field trip).

1. I understand that this is a school approved field trip and that the *Basic Rules of Kent School District – Code of Prohibited Conduct* apply to my conduct during this field trip. I agree to follow the *Basic Rules of Kent School District* while on the field trip and understand that I may be disciplined upon my return if I violate the *Basic Rules of Kent School District* during this trip.
2. I will conduct myself with maturity, courtesy, and respect toward all parties participating in the field trip, including, but not limited to, my classmates, chaperones/teachers, host family, host school classmates, and host school teachers.
3. I realize that the chaperones/teachers are responsible for my welfare and the welfare of the group. Accordingly, I will obey their instructions at all times.
4. I acknowledge that this is an educational trip. I realize my participation in all group meetings, meals, tours, excursions, and other scheduled events is **mandatory**. I realize that I will only be exempt from participating in scheduled events if I am ill and I obtain prior permission from a chaperone/teacher to miss an event.
5. I will never go off alone or make any unplanned trips or excursions while on the field trip. I will carry the name, address, and phone number of the chaperones/teachers with at all times. I will keep a chaperone/teacher informed of my whereabouts at all times.
6. I will carry my student identification card with me at all times during the field trip. I will promptly show it to any chaperone, school official or other trip leader when requested.
7. I will remain at my assigned lodgings from 10:30 P.M. to sunrise. I will not leave my assigned lodgings after curfew unless I am accompanied by a chaperone/teacher.

8. I will respect public and personal property. I understand that any damages incurred to public property or personal property as a result of my conduct will be my responsibility. I understand that the Kent School District is not liable for any damage that may occur to my personal property on the field trip.
9. I will not drink alcohol, smoke, use other tobacco products, or use illegal drugs and/or medication that is not prescribed to me during this trip. I will not accept or transport any of these items.
10. I understand that if I do not follow the rules and expectations listed above, or if I engage in illegal activity, I may be required to come home early. I understand that my parents will be financially responsible for making arrangements to send me home.

**I, \_\_\_\_\_ (print student name), have read the rules and expectations listed above and agree to abide by them. I understand that I may be disciplined and/or sent home early if I fail to adhere to these rules and expectations.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **PARENT AGREEMENT**

I/We, \_\_\_\_\_ (print parent name/s), have read the rules and expectations listed above. I/We accept the above described behavior and expectations agreement and the following provisions as a condition for my/our child's participation in the field trip:

1. I/We agree to take financial responsibility for my/our child's early return from the field trip, if a chaperone/teacher deems that necessary.
2. If my/our child is returned early, I/we release Kent School District from responsibility for him/her from the moment of his/her departure from the trip location by a regularly scheduled flight/bus/train.
3. If my/our child is arrested for any illegal activity, I/we accept full responsibility for him/her and release Kent School District from all supervising responsibility.
4. I/we realize that there will not be any money refunded if my/our child is sent home early or misses one of the scheduled activities for any reason, including illness.
5. I/We acknowledge that my/our child will be expected to behave in a mature and appropriate fashion at all times.
6. I/We understand that Kent School District is not liable for any damage to public or personal property caused by my/our child during the field trip and that Kent School District is not liable for any damage to my/our child's personal property that may occur during the field trip.

### **Parent/Guardian #1**

I, \_\_\_\_\_ (print name) agree to the above conditions and expectations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent/Guardian #2** (leave blank if not applicable)

I, \_\_\_\_\_ (print name) agree to the above conditions and expectations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Kent School District

## Parent/Guardian Authorization for Field Trip



**KSD Staff:**

- 1) Use one form per trip.
- 2) Complete the School Portion of form on page 1.
- 3) Duplicate one form per student.
- 4) Send a copy home for parent, student, and staff signatures.
- 5) During the field trip, the signed, original form must be carried by the lead chaperone and a photocopy must be left on file in the school office.

**Students:**

- 1) Complete the "Student Agreement" on page 1.
- 2) Have your teachers initial below in the faculty section.

**Parent/legal guardian, if student is under 18 years of age, or student, if at least 18 years old:**

- 1) Complete the "Authorization & Acknowledgement of Risks" section on page 2.
- 2) Complete the "Medical Authorization" section on page 2.

**TO BE COMPLETED BY THE SCHOOL**

<b>School/Group Name:</b>	<b>Student Name:</b>
<b>Date(s) of Trip:</b>	<b>Destination:</b>
<b>Purpose(s):</b>	
<b>List of Activities:</b>	
<b>Supervision: (Check One)</b> <input type="checkbox"/> Students will be directly supervised by adult chaperones on this trip at all times. <input type="checkbox"/> Students will be directly supervised by adult chaperones on this trip with the following exceptions:	
<b>Mode of Transportation: (Check all that apply.)</b> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>school bus/van</span> <span>charter bus</span> <span>scheduled airline</span> <span>private auto</span> </div>	
<b>Students will leave from:</b> _____ <b>at</b> _____. <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(where)</span> <span>(time)</span> </div>	
<b>Students will return to:</b> _____ <b>at about</b> _____. <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(where)</span> <span>(time)</span> </div>	
<b>Chaperone(s) in Charge:</b> _____	
<b>Chaperone/Student Ratio:</b> _____ (maximum ratio 10:1)	

**TO BE COMPLETED BY THE STUDENT**

### STUDENT AGREEMENT

While participating in this field trip, I understand I will be a representative of KSD and my school community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the *Basic Rules of Kent School District - Code of Prohibited Conduct*.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### FACULTY

This field trip is planned for the educational benefit of this student. Please discuss the effect of this absence with the student and arrange for assignment(s). Initial below to indicate a satisfactory understanding has been reached.

Period 0 _____	Period 3 _____	Period 6 _____
Period 1 _____	Period 4 _____	
Period 2 _____	Period 5 _____	

## AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

I understand that my/my child's participation in the field trip is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the field trip (on page 1 of this form) and authorize myself/my child to participate in the planned components of the field trip.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this field trip, including any acts of negligence or otherwise from the moment that my student is under KSD supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless KSD and any of the individuals and other organizations associated with KSD in this field trip from any claim or liability arising out my/my child's participation in this field trip.

I also understand that participation in the field trip will involve activities off of school property; therefore, neither Kent School District, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the KSD *Student Rights & Responsibilities-Code of Conduct*, and to abide by all decisions made by teachers, staff, and those in authority. I agree the KSD has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by KSD in the light of my/my child's failure to follow these regulations, or for any reason which KSD may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

## MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this field trip.

I agree to complete in its entirety the attached "Important Medical Information Form" and " Medication Administration Form" found on the last page of the Authorization.

I agree to disclose to KSD any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to myself/my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of myself/my child while participating in the above described trip including the admittance to and release from a medical facility.

***If the applicant is at least 18 years of age, the following statement must be read and signed by the student:***

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian:*** I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: \_\_\_\_\_ to participate in all aspects of this trip.  
(student)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***The student, if at least 18 years of age, or parent/legal guardian must complete the information below:***

Print First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact's First and Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact's Telephone #s: \_\_\_\_\_



**KENT PUBLIC SCHOOLS**  
School District No. 415, King County  
Kent, Washington

**STUDENT PRIVATE TRANSPORTATION PERMISSION FORM**

\_\_\_\_\_ has permission to: ☐ Drive\*  
Student Name ☐ Ride  
☐ Drive\*and Ride  
from: Kentlake to: Evergreen State College  
and return on the following date(s): June 28- July 1.

\_\_\_\_\_ ☐ does / ☐ does not have permission to  
Student Name  
carry other student passengers in compliance with the Washington State intermediate licensing  
requirements in the vehicle listed below:

**\*Note: All student drivers must submit district form  
DF-17-00 (Volunteer Driver Screening - Affidavit of Insurance)**

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**VEHICLE INFORMATION:**

Make of vehicle: \_\_\_\_\_ Model: \_\_\_\_\_  
Year of vehicle: \_\_\_\_\_ License No.: \_\_\_\_\_  
Registered owner of vehicle: \_\_\_\_\_  
Name of Policyholder: \_\_\_\_\_  
Effective dates of policy: From: \_\_\_\_\_ to: \_\_\_\_\_

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Signature below acknowledges understanding and compliance with the information listed above.

\_\_\_\_\_  
Student Driver/Rider Parent of Student Driver/Rider

Distribution:  
White: Building Athletic Director  
Canary: Coach

DF-18-01



**KENT SCHOOL DISTRICT**  
**Volunteer Driver Screening - Affidavit of Insurance**  
*Risk Management (253) 373-7220*

School Kentlake Date \_\_\_\_\_

***This form is to be filled out and kept on file for each volunteer driver.  
Each form is valid for current school year only.***

Name of Driver \_\_\_\_\_  
Vehicle year/make/model \_\_\_\_\_  
Automobile license # \_\_\_\_\_

**Please respond either YES or NO**

\_\_\_\_\_ I have a valid driver's license.  
License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_ I have had no moving violations or at fault accidents within the last three years.  
If you answered no to this statement, please list all violations within the past three years. (Attach additional explanation if necessary.)

\_\_\_\_\_ I have had no alcohol related driving tickets.  
If you answered no to this statement, please explain. (Attach additional explanation if necessary.)

\_\_\_\_\_ I carry minimum auto liability limits of :  
\$100,000 per person  
\$300,000 per occurrence  
\$ 25,000 property damage

Company \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_ I am aware that, in the event of an accident while on a school-related activity, any claims will be submitted to my personal automobile insurance company. I am accepting primary responsibility for all persons that I am transporting.

\_\_\_\_\_ The vehicle I will be driving is in safe operating condition. Seat belts are available for each occupant and will be secured when transporting students. Children 12 and under will not be transported in the front seat if equipped with air bags. The vehicle I will be driving is not a van with over ten person rated capacity.

The above information is true and accurate to the best of my knowledge. I hereby give permission for a copy of my personal motor vehicle report to be ordered and used in consideration of my transporting students.

\_\_\_\_\_  
Signature of driver

\_\_\_\_\_  
Date of signature



## **Kent School District Guidelines for Volunteer Chaperones Secondary Field Trips**

### **Thank you for your support!**

The Kent School District believes that field trips provide a valuable educational experience for students. Without the help of volunteer chaperones like you, many field trips would not be possible. We thank you very much for giving your time and support to these important activities.

In order to help ensure that District-sponsored field trips result in safe and rewarding experiences for all participants, we have prepared these guidelines to provide information about volunteering as a field trip chaperone.

### **Becoming a Volunteer Field Trip Chaperone**

Because student safety is our paramount concern, the Kent School District has established procedures for screening all school volunteers who may have unsupervised access to children. No volunteer may chaperone a field trip until the VIPS screening procedure and all other requirements are completed.

The District also requires that volunteer chaperones be at least 21 years old to supervise students in grades 6-8 and 25 years old to supervise students in grades 9-12.

### **Guidelines for Volunteer Chaperones**

Prior to your field trip, the lead chaperone will provide you with information regarding the activities planned for the trip, expectations for the supervising students, and emergency procedures. In addition, we have developed the following general guidelines to help you perform your duties as a chaperone. If you have any questions regarding these guidelines, please contact the lead chaperone or the building principal/program manager.

1. All school rules apply on District-sponsored events. Chaperones are expected to comply with District policies, follow the directions given by the District's lead chaperone, work cooperatively with other staff and volunteers and model appropriate behaviors for students. Be sure you are familiar with the Kent School District Code of Conduct.
2. In order to comply with District policy, during District sponsored events, chaperones:
  - May not use, sell, provide, possess, or be under the influence of drugs or alcohol
  - May not use tobacco in the presence of, or within the sight of students
  - May not possess any weapon
  - May not administer any medications, prescription or non-prescription, to students
3. Student behavior is your responsibility. School rules related to student behavior apply. Go over rules and standards of behavior, safety rules, and any site specific rules with students. Ensure that students do not get involved in any extra activities not pre-approved by administrators and parents. If a student will not follow your reasonable requests to comply with behavior and safety rules, please notify the lead chaperon or other District staff chaperone promptly.

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4. Students must be supervised at all times while at District-sponsored events. As a chaperone, you will supervise a small group of students, helping them learn and making sure they behave appropriately. At the secondary school level, depending on the activity and the location, it may be appropriate to allow students some time in small groups. Review those expectations with the lead chaperone in advance of your trip. Go over use of the buddy system with students under your care. Account for all participants regularly and before changing activities. Be sure you know when and where to meet the rest of your group at the end of the visit. Chaperones must be readily available, be mindful of safety concerns, and respond to students' needs.
5. For the protection of both the student and the chaperone, chaperones should not place themselves in situations in which they are alone with a student.
6. Family members or friends of a chaperone may not participate in a District-sponsored field trip or event unless prior approval has been obtained from the building principal. Additional small children can distract you from your duties as a chaperone.
7. Chaperones who transport students in their personal vehicle must complete the Volunteer Driver Checklist form. You are expected to comply with all District and State student transportation rules and regulations. Be aware that your personal vehicle insurance provides primary coverage in the event of an accident or injury.
8. Be sure to know what to do in an emergency (medical emergency, natural emergency, lost child, serious breach of rule, etc.). Know who is first aid trained, where the first aid kit is, where the cell phone is kept, and who has the copies of parental permission slips with emergency phone numbers and medical information.

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In the event that I have a personal emergency, please contact:

_____	_____	_____
Printed Name	Relationship	Daytime Phone

I acknowledge that I have received the copy of the "Guidelines for Volunteer Chaperones," have read these guidelines, and agree to comply with the guidelines as a school volunteer.

Name _____	Date _____
Printed Name	

Name _____
Signature