

SAN MARINO UNIFIED SCHOOL DISTRICT
APPLICATION FOR APPROVAL TO CONDUCT
MULTI-DAY OVERNIGHT AND/OR OUT-OF-STATE/COUNTRY FIELD TRIP
(AT LEAST THREE TO SIX MONTHS BEFORE DEPARTURE DATE)

(Exceptions to timeline must be approved in advance by the Assistant Superintendent of Instructional Services)

To: Board of Education San Marino

Date: 9/20/19

The undersigned for San Marino High School _____ School hereby applies for approval to conduct a field trip to Doc Buchanan - Clovis CA. Date: _____

<p>1. Inclusive dates of trip: <u>1/2/20 to 1/3/20</u></p> <p>NOT DURING TESTING</p> <p>() Itinerary attached Principal's Initials</p>	<p>2. Purpose of trip: Preparation for future competitions</p> <p>() Paragraph attached describing educational value and specific activities students will be required to complete</p>
<p>3a. Membership of Group: <u>Wrestling</u></p> <p>(e.g., U.S. History class, choral group)</p>	<p>3b. Number of Students Attending: <u>10</u></p> <p>Boys: 10 Girls:</p>
<p>4a. Cost of trip financed by: <u>TMWC</u></p> <p>4b. Name of travel agency contracted for trip: (professional travel organization is required) <u>Titan Travel</u></p> <p>4c. Cost per student: <u>0</u> (no student will be excluded from a required trip due to a lack of funds.)</p> <p>() Attached student(s) name and verify funding source</p>	<p>4d. Describe fundraising activities, if any:</p> <p>Attachment(s), if any</p>
<p>5a. Name of certificated employee(s) in charge of trip: <u>Eddie Aguirre</u></p> <p>Responsible for coordinating fundraising, organization, and supervision while students are on SMUSD – sponsored trip</p>	<p>5b. Names of staff members who will provide supervision of students: <u>Jordin Humphrey and Joe Gallardo</u></p>
<p>5c. Attach names of authorized chaperones on FORM #1 (include relationship to students and/or school)</p>	<p>5d. Student/Chaperone ratio: (see attached FORM #1)</p>

This application, together with the necessary documents, must be sent to the Assistant Superintendent of Instructional Services at least three months in advance (unless an exception to timeline is granted).

The undersigned applying for approval of the field trip will ensure conformance with all requirements of San Marino Unified School District procedures for field trips out-of-state, to foreign countries and/or involving multiple days.

Endorsed with Approval:

(Field Trip Coordinator's Signature)

(Date)

(Principal's Signature)

10/28/19
(Date)

(Assistant Superintendent of Instructional Services Signature)

11/1/19
(Date)

Endorsed with Approval

BOARD APPROVAL DATE:

San Marino Unified School District
MULTI-DAY OVERNIGHT AND/OR OUT-OF-STATE/COUNTRY FIELD TRIP

Form #1

SCHOOL: San Marino HS SPONSORING GROUP: TMWC - Wrestling

ACTIVITY: Wrestling DATE(S): 1/2/20 to 1/5/20

DESTINATION: Doc Buchanan - Clovis CA

Please attach flyer or printed information pertaining to Study Trip.

Number of Students: _____ Attach list of student names and gender

Submit 3 days before trip to appropriate Site Administrator

Number of Chaperones: _____ List chaperones names below and indicate gender [M or F], attach pages as needed

For Retirees indicate date retired

Certificated District Chaperones	M	F	Training Completed
Jordin Humphrey	x		Yes
Joe Gallardo	x		Yes

Classified District Chaperones	M	F	Training Completed

Non-District Chaperones	M	F	Training Completed

TRANSPORTATION

Commercial Carriers: Yes or No; No

(Examples: bus, plane, ferry, taxi, shuttle) (All buses must be CHP approved as SPAB, verify with SMUSD Transportation Department)

Private Vehicles: *DMV Report & Insurance Verification. Attach copy of completed forms*

and Parent/Guardian to sign Transportation Waiver Form for each student: Yes ___ No ___

Students Parents will transport them

FUNDING

Individual Students: Yes ___ No ___

Donations: Yes x ___ No ___

Fundraisers: Yes ___ or No ___ Name of Fundraiser _____

Others: _____

Chaperones expenses to be paid by: ☐ Funding indicated above ☐ Individual Chaperones

CHARGE OR BILL MANDATORY STUDENT TRIP LIABILITY INSURANCE TO:

District Office staff in accordance with Board of Education Policy 3541.1(c) will obtain liability/insurance coverage.

In State CA Out of State _____ Out of Country _____

Others: _____

When submitting field trip invoices for payment (includes deposits) attach a copy of this form and board item.

Please submit all approved paperwork at least 3 weeks prior to Board Date.

Please route (1) copy of this form to Human Resources Dept.

Submit to Assistant Superintendent of Instructional Services

San Marino Unified School District
FIELD TRIP COORDINATOR'S CHECKLIST
FOR MULTI-DAY OUT OF COUNTRY FIELD TRIPS

School: SM High School

Dates of Trip: 1/2/20 to 1/5/20

Trip Destination: Doc Buchanan - Clovis CA

To be completed by field trip coordinator in charge of the field trip

Date Completed	Initials	SIX MONTHS PRIOR TO TRIP Exceptions to timeline must be approved in advance by the Assistant Superintendent of Instructional Services.
9/27/19	EK	1. Secure Principal's tentative approval to conduct field trip (and approval to conduct fundraising, if applicable). Send form Application for Approval to Conduct Multi-Day Out of Country Field Trip to the site administrator in charge of field trips.
9/27	EK	2. Review procedure for fundraising and develop plan to include: a) description of fundraising activities, b) plans to assist students who are unable to pay their own expenses, c) a written statement that no student will be excluded from a required trip due to lack of funds, and d) that funds will be returned to the school if not used for the trip.
9/27	EK	3. Select the travel agency to be used (if appropriate). Have travel agency complete "Compliance Form for Sellers of Educational Travel" and forward to the site administrator in charge of field trips.
9/27	EK	4. Obtain and submit copy of itinerary. This itinerary shall include: a) dates (not during testing), b) locations (city, state, country) and c) accommodations. Attach itinerary
9/27	EK	5. Arrange for chaperones, if appropriate. Provide chaperones with guidelines to complete Volunteer Application and the on-line training module no later than, date _____. Ensure chaperones have completed chaperone training and agree to comply with all states and District laws, rules, and regulations. Provide list to Principal and secure his/her approval.
N/A		6. If academic competition is involved, submit to Principal for approval: a) written criteria and guidelines used to select participants in academic competitions, and b) copies of written communications used to inform parents and students of the academic competition and of the governing guidelines.
9/27	EK	7. Send home request for parental approval of student participation. If parent does not sign, student cannot go.
9/27	EK	8. Verify insurance coverage to provide personal medical insurance for participating students where required.
9/27	EK	9. Secure trip cancellation insurance from travel agency where required.





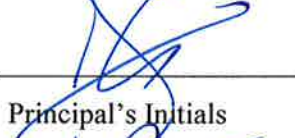
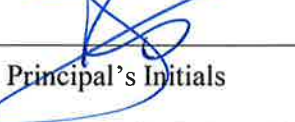
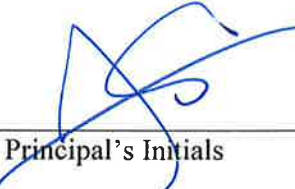
9/27	GA	10. Notify parents of other insurance coverage available as an option.
9/27	GR	11. Provide written evidence of financial ability to cover travel and living expenses for all participants while outside of San Marino.
9/27	GA	12. Verify that permission forms and waivers are returned for all students participating on a field trip. Verify alternate arrangements at school for those students not participating.



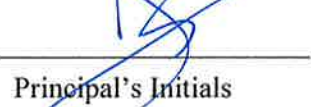
Date Completed	Initials	TWO MONTHS PRIOR TO FIELD TRIP Exceptions to timeline must be approved in advance by the Assistant Superintendent of Instructional Services.
		13. Field trip coordinator develops orientation plan for students, parents, and chaperones.

Date Completed	Initials	THREE WEEKS PRIOR TO FIELD TRIP Exceptions to timeline must be approved in advance by the Assistant Superintendent of Instructional Services.
		14. Arrange for participating students to be excused from other classes.
		15. Arrange for first-aid kit and/or snake-bite kit, and ensure they are taken on trip.

Date Completed	Initials	ONE WEEK PRIOR TO FIELD TRIP Exceptions to timeline must be approved in advance by the Assistant Superintendent of Instructional Services.
		16. Report to principal's designee the names of all persons (adults and students) who will actually go on the trip. Provide list of students to verify those actually participating prior to departure.
		17. File this form with other required papers in school office. (Records must be kept for three years.)

San Marino Unified School District
PRINCIPAL'S CHECKLIST
MULTI-DAY AND/OR OUT-OF-STATE/COUNTRY
FIELD TRIPS

1. Approval for Field Trip: I have reviewed the plan for the field trip to _____ on _____ (not during testing) and I give tentative approval for the students to participate.	 Principal's Initials	<u>10/28/19</u> Date
2. Approval for Field Trip Fund-Raising: I have reviewed the plan for fundraising for this field trip and give my approval for fundraising activities to begin.	 Principal's Initials	<u>10/28/19</u> Date
3. Lack of Funds: To help students in need of funds, the following actions are being taken:	 Principal's Initials	<u>10/28/19</u> Date
4. Return of Funds: Any funds not used for the trip will be returned in the following way:	 Principal's Initials	<u>10/28/19</u> Date
5. Chaperones: An approved list of chaperones is on file in the main office of the school. (FORM #1)	_____ Principal's Initials	<u>10/28/19</u> Date
6. Academic Competition Trips Only: I certify that written criteria, guidelines and other communication to parents and students related to the competition are on file in the main office of the school.	 Principal's Initials	<u>10/29/19</u> Date
7. Insurance: I certify that each and every student participating in the field trip has personal medical insurance and trip cancellation insurance, if applicable.	 Principal's Initials	<u>10/29/19</u> Date
8. Travel and Living Expenses: Provision has been made for coverage of all expenses while outside of San Marino. This includes airfare, ground transportation, hotels, tours, and meals. Written evidence of this coverage is on file in the main office of the school.	 Principal's Initials	<u>10/28/19</u> Date

9. Contribution of Services: Statement of Acknowledgment and Consent to Conditions of trip are on file at the following location at the school site:	 _____ Principal's Initials	<u>10/28/19</u> Date
10. Authorization for Student Participation: For each and every student participating in the field trip there is a <i>Permission to Participate, Notification of Insurance, Waiver of Claims, and other Release Forms</i> on file in the main office of the school. File title, if appropriate:	 _____ Principal's Initials	<u>10/28/19</u> Date
11. Forward this completed form to the Assistant Superintendent of Instructional Services.	 _____ Principal's Initials	<u>10/28/19</u> Date

SAN MARINO UNIFIED SCHOOL DISTRICT
STATEMENT OF ACKNOWLEDGMENT AND CONSENT TO CONDITIONS OF TRIP
(Employee Chaperone of the San Marino Unified School District)

I, Eddie Aguirre, am an Employee of the San Marino Unified School District
(Name of Employee)

assigned to SM High School, a public school operated by
(Name of School)
the San Marino Unified School District.

I understand that a group identified as SM High School Wrestling
(School Function)

at the following school(s): SM High School

will participate in a field trip to Doc Buchanan - Clovis CA,

and that I have been asked to accompany these students on their trip during the period from

1/2/20 to 1/5/20.

I agree to donate as much of my time beyond my normal workday as may be required while on the field trip. I understand that I will suffer no loss of pay by reason of participating in the field trip. I further understand that, except as set forth above, I may receive no additional compensation for any such time or services donated by me, or for any other reason, in connection with the trip.

I am aware of the provisions of Education Code Section 35330, which states in part that "... All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion..."

My acknowledgment of the foregoing paragraph is subject to the provision that I retain any and all of my employment rights including, but not limited to, District liability insurance, workers compensation insurance, and District health insurance.

I acknowledge that I have received Chaperone Guidelines and agree to comply with them.

I acknowledge that I have completed the online training and agree to comply with all state, federal laws, and District policies and regulations.

I have read and understand the foregoing statement and sign it below voluntarily.

Executed in the City of San Marino, County of Los Angeles, State of California, on

9-27-19
(Date and Year)

Eddie Aguirre
(Signature)

Eddie Aguirre
(Print or Type Name)

SAN MARINO UNIFIED SCHOOL DISTRICT
STATEMENT OF ACKNOWLEDGMENT AND CONSENT TO CONDITIONS OF TRIP
(Adult Chaperone, not an Employee or Student in the District)

I, Joe Gallardo, am the Asst. Coach
(Name of Adult) (Indicate Relationship to Student)

of SM High School, a student enrolled at _____ (Name of Student)
(Name of School)

a public school operated by the San Marino Unified School District.

I understand that a group identified as SM High School Wrestling Team (School Function)
enrolled at the following school(s): SM High School

has been offered the opportunity to participate in a field trip to Doc Buchanan - Clovis CA,
and that I have been asked to accompany these students on their trip during the period from
1/2/20 to 1/5/20.

I understand that my participation in the aforementioned program, including the field trip, is voluntary. I agree to pay all expenses for my participation in the field trip including, but not limited to, the cost of airfare and such insurance as may be required by the San Marino Unified School District.

I am aware of the provisions of Education Code Section 35330, which states in part that "... All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion..."

I acknowledge that I have received Chaperone Guidelines and agree to comply with them.

I acknowledge that I have completed the online training and agree to comply with all state, federal laws, and District policies and regulations.

I have read and understand the foregoing statement and sign it below voluntarily.

Executed in the City of San Marino, County of Los Angeles, State of California, on

9-27-19
(Date and Year)

[Signature]
(Signature)

Joe Gallardo
(Print or Type Name)

SAN MARINO UNIFIED SCHOOL DISTRICT
STATEMENT OF ACKNOWLEDGMENT AND CONSENT TO CONDITIONS OF TRIP
(Adult Chaperone, not an Employee or Student in the District)

I, Jordin Humphrey, am the Asst. Coach
(Name of Adult) (Indicate Relationship to Student)

of SM High School, a student enrolled at _____ (Name of Student)
(Name of School)

a public school operated by the San Marino Unified School District.

I understand that a group identified as SM High School Wrestling Team (School Function)
enrolled at the following school(s): SM High School.

has been offered the opportunity to participate in a field trip to Doc Buchanan - Clovis CA,
and that I have been asked to accompany these students on their trip during the period from
1/2/20 to 1/5/20.

I understand that my participation in the aforementioned program, including the field trip, is voluntary. I agree to pay all expenses for my participation in the field trip including, but not limited to, the cost of airfare and such insurance as may be required by the San Marino Unified School District.

I am aware of the provisions of Education Code Section 35330, which states in part that "... All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion..."

I acknowledge that I have received Chaperone Guidelines and agree to comply with them.

I acknowledge that I have completed the online training and agree to comply with all state, federal laws, and District policies and regulations.

I have read and understand the foregoing statement and sign it below voluntarily.

Executed in the City of San Marino, County of Los Angeles, State of California, on

9-27-19

(Date and Year)

Jordin Humphrey

(Signature)

Jordin Humphrey

(Print or Type Name)

Conflict of Interest Disclosure Form

Each Principal, ASB Advisor or Sponsoring or participating in a tour or trip paid by students is required to complete this form.

Field Trip and Date: 1/2/20 to 1/5/20

Name: Eddie Aguirre

Position: Head Coach

Location: Clovis, CA (Doc Buchanan Tournament)

Indicate below whether you or a member of your family is currently receiving (or has received during the last five year) any gratuity, commission, rebate, or thing of value from any travel agency or travel promoter involved or associated with the trip. Airfare, hotel accommodations, etc., provided in return for chaperoning should be listed and would be considered reasonable and acceptable.

Self	Relative	Company Name	Type of Gratuity	Value of Gratuity	Year of Gratuity
No					

Signature: Eddie Aguirre Date: 10/21/19



"Where the Best Compete"

This agreement is between Clovis High School and participating schools regarding "The Doc B" entry for January 3-4, 2020 at Clovis High School, Clovis, California. The Doc B is a National and CIF sanctioned tournament and all CIF (California Interscholastic Federation) rules apply. The Doc B is a showcase event for high school wrestling's most accomplished wrestlers. To enter, your wrestler(s) must meet the criteria listed below. Once Mike Noel, our Assistant Athletic Director, receives your contract, Mike will email entry confirmation. All team login registration information will be emailed to you in December to register wrestlers.

Entry fee is \$75 per wrestler or \$600 for 8 or more participating wrestlers

Once we reach capacity, wrestlers will be put on a waiting list, so please return your contract ASAP

REGISTRATION CRITERIA

Only wrestlers who meet the registration criteria listed below will be allocated slots. Out-of-state teams are asked to bring ONLY competitive wrestlers, usually a returning state placer. Full teams require prior approval from Coach Schaefer/Coach Tirapelle. Demand is higher than ever and slots have to be allocated accordingly.

1. Previous California state medalist or qualifier.
2. Current Top 40 California state ranking.

Wrestlers not meeting any of these criteria will be placed on a waiting list.

PARTICIPATING SCHOOL INFORMATION

School: San Marino HS Head Coach: Mike Aguirre
Cell Phone: 626-313-3760 E-mail Address: aguirre103@gmail.com

I understand there are NO ENTRY FEE REFUNDS or Doc B credit toward future events.

Principal or Athletic Director [Signature] Date 8/19/19

Mail entry fee and contract filled out to Attn: Mike Noel, Clovis High School, 1055 Fowler Avenue, Clovis, CA 93611. Contact mikenoe@cUSD.com or gabrielschaefer@cUSD.com for contract or for any other information concerning the The Doc B.

Request for participation

Tournament request: **Doc Buchanan**

The San Marino Wrestling Team is requesting permission to participate in the **Doc Buchanan (DocB)** tournament. This tournament is being requested because it will provide the student athletes the opportunity to face in-state competition from the CIF Central Section that we expect to see during the post-season at the CIF State Event. Last year we took 8 participants to DocB and displayed a good showing. Several of our wrestlers faced the same competitors from DocB in the state championship and were successful against their opponents because of their past experience. We politely request your approval to participate in this year's event.

Eddie Aguirre
San Marino HS Head Wrestling Coach

[illegible]