CANYONS
School District
"Celebrating the Highest Standards of Educational Excellence"

Athletic Camp and Clinic Guidelines

1. The Canyons School District (CSD) will sponsor all athletic camps and clinics held in association with high school athletic programs.

2. All athletic camps and clinics sponsored by CSD must receive prior written approval using "CSD Camps and Clinics – Form A." A copy of the approved "Camp or Clinic Form A" must be filed with district risk management to ensure that State Risk Management will insure the event.

3. Participants must completely fill out "CSD Camps and Clinics – Form B" prior to participation. The school must keep Form B on file at the school for one (1) year.

4 The principals will make recommendations for participation costs for camps and clinics. The Assistant Superintendent and Chief Performance Officer will be responsible for the approval of the recommendations. A list of camps and clinics offered will be maintained with associated charges for district-wide use.

5. Payments to coaches and others rendering services at these events will be capped at the employees' hourly rate. If the event does not draw enough revenue to pay the hourly rate, the event may be cancelled or the staff may choose to be paid at a prorated amount. All payments will be made through the Accounting Department using a timesheet. Staff members working an event, who are not currently employed with CSD, will receive a predetermined stipend and will need to fill out a 1099 form in the Accounting Department.

6. An administrative stipend may also be paid to the coach or event director for the planning, supervision and organization of the camp or clinic. The amount of the stipend for any one event and/or combination of events during a school year may not exceed the value of the coaching differential paid for the year.

7. Ten percent of the revenues collected for the camp or clinic will be paid to the district for facility use.

8. Revenues exceeding the costs associated with the camp or clinic will be deposited in the team's club account at the school.

9. Payment for participation will be collected in the main office of the school where records, deposits and receipts can be properly handled. Walk-in participants will be handled in accordance with standard front office accounting procedures and may allow for cash-box and issuance of receipts.

Staff 5 _____	Licensed ___; Para – Coach __ ; Volunteer ____	
	_____ x _____ x _____ = Hr Rate/stipend Hours benefit/taxes	

(A) Staffing Expense = wages + **benefits/taxes $ _____

**Multiply wages by percentage (CSD employees = 28.71%, non-CSD employees = 8.45%)

Expenses

Expense 1 _____ $_____

Expense 2 _____ $_____

Expense 3 _____ $_____

(B) Total Expenses $_____

Cost of Camp

(A) + (B) = ***Total Estimated Cost of Camp $_____

***If the event does not draw enough revenue to pay the hourly rate, the event may be cancelled or the staff may choose to be paid at a prorated amount. The cost of the camp may not exceed the revenues collected.

Required Approvals

_____ Date _____

Camp/Clinic Administrator

_____ Date _____

Principal

_____ Date _____

Assistant Superintendent

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CSD CAMPS AND CLINICS – FORM B

CAMP/CLINIC REGISTRATION INFORMATION

DATES _____
TIME & AGES _____
COST _____
LOCATION _____
STAFF _____

Make checks payable to: _____ **For More Information Call:**

Send registration information form and fee to:

_____ _____
_____ _____
_____ _____

*Revenue exceeding costs associated with the camp or clinic will be deposited in the team's club account at the school.

Name of Camp/Clinic:		**Date:**	**20**
Name of Participant:			**M:** ☐ **F:** ☐
	Last	**First**	
Address			
City:	**State:**	**Zip Code**	
Name of Parent or Guardian			
Telephone Numbers	**(Home)**	**(Cell)**	
Birth Date	**Age**	**School Grade in Fall**	
In case of Emergency, please notify		**Phone #**	

INFORMED CONSENT/WAIVER OF LIABILITY

1. **RELEASE AND INDEMNIFICATION:** I hereby recognize and acknowledge that my/my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my/my child's participation in such events, I, for myself, my child, my heirs, my executors and administrators, I hereby voluntarily and knowingly indemnify and hold harmless, defend, release, waive and discharge Canyons School District, _____, _____, and its officers and employees and volunteers from any and all suits, claims, liability, including negligence, based on any injury except those caused solely by the willful misconduct of Canyons School District employees. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my/my child's participation.
2. **REFUND POLICY:** Canyons School District may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must requested in person, accompanied with a written refund request. No refund shall be given after the first day of the program.
3. **COLLECTIONS:** I agree to pay Canyons School District all costs incurred, together with reasonable attorney's fees in the event that my account is referred for collection.
4. **EMERGENCY TREATMENT:** I hereby authorize Canyons School District, _____ and _____ staff to act on my behalf in accordance with their best judgment in case of an emergency involving me/my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from.
5. **EQUAL OPPORTUNITY: Canyons** School District provides equal opportunity to participate regardless of race, creed, gender, and will, upon request, provide reasonable accommodations to individuals and disabilities.

By signing this assumption of risk, liability release, indemnification and refund policy statement, I acknowledge that I have read it contents disclosure, that I understand its contents and disclosure, and that I agree to its terms.

_____ _____
Signature of Participant **Signature (Parent or Legal Guardian**