

## Athletic Summer Programs for 2018-19 Application for School Board Approval

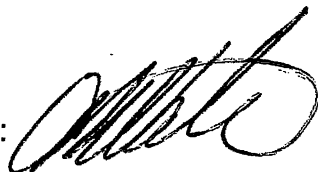
|                      |           |               |              |
|----------------------|-----------|---------------|--------------|
| <b>Today's Date:</b> | 2/26/2018 | <b>Sport:</b> | Cheerleading |
|----------------------|-----------|---------------|--------------|

|   |   |
|---|---|
| Contact Person(s):  | Jeni Gann   |
| Contact Phone Number(s):  | 509-741-9330  |
| Name of Activity:   | UCA Cheer Camp  |
| Date(   | June 26-30th  |
| Describe the Activity:  | Cheer Away Camp   |
| School facilities being used and times:   | University of Puget Sound Tacoma WA                                 |
| Grade level of students:  | 9-12  |
| Identify the supervisor(s):   | Jeni Gann   |
| At least one coach will be first aid and CPR trained:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Emergency response plan will be in place:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Transportation Needs:   | Yes Bus   |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Coaching staff signature:

Date

Administrator's signature:



Date

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|                      |         |               |              |
|----------------------|---------|---------------|--------------|
| <b>Today's Date:</b> | 4/27/18 | <b>Sport:</b> | Cheerleading |
|----------------------|---------|---------------|--------------|

|   |                                      |
|---|--------------------------------------|
| Contact Person(s):  | Jeni Gann                            |
| Contact Phone Number(s):  | 509-741-9330                         |
| Name of Activity:   | UCA Home Camp                        |
| Date(s) of Activity:  | June 18th 2018. 11-5pm               |
| Describe the Activity:  | Summer Cheer Stunting Camp           |
| School facilities being used  | Aux Gym                              |
| Grade level of students:  | 9-12                                 |
| Identify the supervisor(s):   | Jeni Gann                            |
| At least one coach will be first aid and CPR trained:   | Yes x    No <input type="checkbox"/> |
| Emergency response plan will be in place:   | Yes x    No <input type="checkbox"/> |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes x    No <input type="checkbox"/> |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes x    No <input type="checkbox"/> |
| Transportation  | No                                   |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No x    |

Coaching staff signature:

Date

Administrator's signature:

Date



# EASTMONT SCHOOL DISTRICT

*Relationships, Relevance, Rigor, Results*

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## Athletic Summer Programs for 2018-19 Application for School Board Approval

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| <b>Today's Date:</b> | 2/26/2018 | <b>Sport:</b> | Cheerleading |
|----------------------|-----------|---------------|--------------|

|   |  |
|---|--|
| Contact Person(s):  | Jeni Gann  |
| Contact Phone Number(s):  | 509-741-9330   |
| Name of Activity:   | Summer practices and conditioning  |
| Date(s) of Activity:  | May 1-31, June 1-30 & Aug 1-31   |
| Describe the Activity:  | Practices and conditioning   |
| School facilities being used and times:   | EHS Aux Gym, Weight room and track.<br>4-7:30pm Mon, Wed and Thursday. Weight room only Friday's at 5pm. |
| Grade level of students:  | 9-12   |
| Identify the supervisor(s):   | Jeni Gann  |
| At least one coach will be first aid and CPR trained:   | Yes x    No <input type="checkbox"/>   |
| Emergency response plan will be in place:   | Yes x    No <input type="checkbox"/>   |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes x    No <input type="checkbox"/>   |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes x    No <input type="checkbox"/>   |
| Transportation Needs:   | n/a  |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No x  |

Coaching staff signature:

Date



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| <b>Today's Date:</b> | 4/27/18 | <b>Sport:</b> | Cheerleading |
|----------------------|---------|---------------|--------------|

|   |   |
|---|---|
| Contact Person(s):  | Jeni Gann   |
| Contact Phone Number(s):  | 509-741-9330  |
| Name of Activity:   | sunburn classic fundraiser  |
| Date:   | July 28/29  |
| Describe  | take score to earn \$1000 towards goals                             |
| School facilities being used and times:   | none 8-1 both days  |
| Grade level of students:  | 9-12  |
| Identify the supervisor(s):   | Jeni Gann   |
| At least one coach will be first aid and CPR trained:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Emergency response plan will be in place:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Transportation Needs:   | NA  |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Coaching staff signature:

Date

Administrator's signature:

Date

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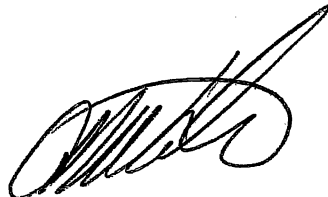
|                      |         |               |              |
|----------------------|---------|---------------|--------------|
| <b>Today's Date:</b> | 4/27/18 | <b>Sport:</b> | Cheerleading |
|----------------------|---------|---------------|--------------|

|   |                                      |
|---|--------------------------------------|
| Contact Person(s):  | Jeni Gann                            |
| Contact Phone Number(s):  | 509-741-9330                         |
| Name of Activity:   | Eastmont Parks and Mini camp         |
| Date(   | Aug 13-17                            |
| Describe the Activity:  | Host mini cheer camp                 |
| School facilities being used and times:   | Eastmont Park fields                 |
| Grade level of students:  | 9-12                                 |
| Identify the supervisor(s):   | Jeni Gann                            |
| At least one coach will be first aid and CPR trained:   | Yes x    No <input type="checkbox"/> |
| Emergency response plan will be in place:   | Yes x    No <input type="checkbox"/> |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes x    No <input type="checkbox"/> |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes x    No <input type="checkbox"/> |
| Transportation Needs:   | NA                                   |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No x    |

Coaching staff signature:

Date

Administrator's signature:



Date



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|----------------------|---------|---------------|--------------|
| <b>Today's Date:</b> | 4/27/18 | <b>Sport:</b> | Cheerleading |
|----------------------|---------|---------------|--------------|

|   |   |
|---|---|
| Contact Person(s):  | Jeni Gann   |
| Contact Phone Number(s):  | 509-741-9330  |
| Name of Activity:   | Applebee's Fundraiser   |
| Date:   | June 23   |
| Describe the Activity:  | pancake breakfast fundraiser  |
| School facilities being used and times:   | none all at Applebee's. 8am-11am                                    |
| Grade level of students:  | 9-12  |
| Identify the supervisor(s):   | Jeni Gann   |
| At least one coach will be first aid and CPR trained:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Emergency response plan will be in place:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Transportation Needs:   | NA  |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Coaching staff signature:

Date

Administrator's signature:

Date



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|----------------------|---------|---------------|--------------|

|   |   |
|---|---|
| Contact Person(s):  | Jeni Gann   |
| Contact Phone Number(s):  | 509-741-9330  |
| Name of Activity:   | Cheer Car Washes                                    |
| Date(   | June 9 and 16, 2018                                 |
| Describe the Activity:  | car wash fundraiser                                 |
| School facilities being used and times:   | Car wash pad in East Wenatchee on Valley Mall Pkwy. |
| Grade level of students:  | 9-12  |
| Identify the supervisor(s):   | Jeni Gann   |
| At least one coach will be first aid and CPR trained:   | Yes x    No <input type="checkbox"/>                |
| Emergency response plan will be in place:   | Yes x    No <input type="checkbox"/>                |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes x    No <input type="checkbox"/>                |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes x    No <input type="checkbox"/>                |
| Transportation Needs:   | NA  |
| Is this a fund raiser? If yes, attach paperwork   | Yes X    No   |

Coaching staff signature:

Date


Administrator's signature:


Date

## Athletic Summer Programs for 2018-19 Application for School Board Approval

|                      |             |               |                  |
|----------------------|-------------|---------------|------------------|
| <b>Today's Date:</b> | May 4, 2018 | <b>Sport:</b> | Boys' Basketball |
|----------------------|-------------|---------------|------------------|

|   |   |
|---|---|
| Contact Person(s):  | George Juarez - Jared Jaeger  |
| Contact Phone Number(s):  | 509-989-0943 / 509-393-4247   |
| Name of Activity:   | Structured Open Gym / Tournaments   |
| Date(s) of Activity:  | Mondays & Wednesday beginning May 30 through July 30 with exception of July 4.<br><br>Possible V / JV Tournament Dates: June 1-3, 8-10, 15-17, July 5-7, July 12-14 |
| Describe the Activity:  | Conditioning / Fundamental Drills / Scrimmages  |
| School facilities being used and times:   | *Main & Auxiliary Gyms, Mondays & Wednesdays 6:00 p.m. - 9:00 p.m. with exception of July 4, 2018<br>*Main & Auxiliary Gyms, June 15-17 Tournament pending approval |
| Grade level of students:  | 7-12  |
| Identify the supervisor(s):   | George Juarez - Jared Jaeger  |
| At least one coach will be first aid and CPR trained:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Emergency response plan will be in place:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Transportation Needs:   | None  |
| Is this a fundraiser? If yes, attach paperwork  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |

Coaching staff signature: 

Administrator's signature: 

Date May 4, 2018


Date




## Athletic Summer Programs for 2018-19 Application for School Board Approval

|               |         |        |                  |
|---------------|---------|--------|------------------|
| Today's Date: | 4-19-18 | Sport: | GIRLS BASKETBALL |
|---------------|---------|--------|------------------|

|   |   |
|---|---|
| Contact Person(s):  | RON STONE   |
| Contact Phone Number(s):  | 509-670-1810  |
| Name of Activity:   | <del>PRACTICE</del> HIGH SCHOOL GIRLS BASKETBALL                                      |
| Date(s) of Activity:  | 6-9pm → MAY 29, 31<br>6-9pm JUNE 5, 7, 12, 14, 19, 21, 26, 28<br>6-9pm JULY 3, 10, 12 |
| Describe the Activity:  | <del>STATE</del> SUMMER PRACTICE  |
| School facilities being used and times:   | EASTMONT HIGH SCHOOL L MAIN gym   |
| Grade level of students:  | 9TH - 12TH  |
| Identify the supervisor(s):   | RON STONE HEAD COACH<br>+ COACHING STAFF  |
| At least one coach will be first aid and CPR trained:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |
| Emergency response plan will be in place:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |
| Transportation Needs:   |   |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                   |

Coaching staff signature: 

Administrator's signature: 

Date: 4-19-18

Date:

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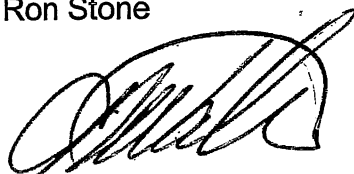
|                      |        |               |                  |
|----------------------|--------|---------------|------------------|
| <b>Today's Date:</b> | 5/3/18 | <b>Sport:</b> | Girls Basketball |
|----------------------|--------|---------------|------------------|

|   |   |
|---|---|
| Contact Person(s):  | Ron Stone   |
| Contact Phone Number(s):  | 509-670-1810  |
| Name of Activity:   | Structured Open Gym / Tournaments   |
| Date(s) of Activity:  | Tuesday & Thursdays beginning May 29 through July 12.<br>Tournaments June 16-17, June 22-23, June 29-July 1 |
| Describe the Activity:  | Conditioning/ Fundamental Drills/ Scrimmage   |
| School facilities being used and times:   | Main & Aux Gym  |
| Grade level of students:  | 7-12  |
| Identify the supervisor(s):   | Ron Stone, Joe Barnes, Gaby Gonzales,<br>Shae Jones   |
| At least one coach will be first aid and CPR trained:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Emergency response plan will be in place:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Transportation Needs:   |   |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |

Coaching staff signature: Ron Stone

Date 5-3-18

Administrator's signature:



Date



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|                      |               |               |               |
|----------------------|---------------|---------------|---------------|
| <b>Today's Date:</b> | March 6, 2018 | <b>Sport:</b> | Cross-country |
|----------------------|---------------|---------------|---------------|

|   |   |
|---|---|
| Contact Person(s):  | Gary Millard, Mark Wavra, Hannah Moreland                           |
| Contact Phone Number(s):  | 860-9119, ?????, 860-9067   |
| Name of Activity:   | Cross-country Summer Training                                       |
| Date(s) of Activity:  | Wednesday's from June 27 - August 15, 2018                          |
| Describe the Activity:  | Running and Food  |
| School facilities being used and times:   | none  |
| Grade level of students:  | 9-12  |
| Identify the supervisor(s):   | Gary Millard, Mark Wavra, Hannah Moreland                           |
| At least one coach will be first aid and CPR trained:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Emergency response plan will be in place:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Transportation Needs:   | none  |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Coaching staff signature:

Date

Administrator's signature:

Date



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## Athletic Summer Programs for 2018-19 Application for School Board Approval

|                      |                |               |            |
|----------------------|----------------|---------------|------------|
| <b>Today's Date:</b> | March 12, 2018 | <b>Sport:</b> | Volleyball |
|----------------------|----------------|---------------|------------|

|   |   |
|---|---|
| Contact Person(s):  | Karinne Nelson  |
| Contact Phone Number(s):  | (360)-710-5158  |
| Name of Activity:   | Summer Activities   |
| Date(s) of Activity:  | June 10 Cascade Tournament<br>June 18-21 Gold Medal Squared Camp<br>July 11-14 WSU Team Camp<br>Weight lifting & Conditioning Mon-Thurs<br>Summer League Mondays in Chelan  |
| Describe the Activity:  | <ul style="list-style-type: none"> <li>• Gold Medal Squared Camp is held at EHS. Run by GMS coaches. EHS coaches are present to help supervise.</li> <li>• WSU Team Camp is in Pullman at WSU. Team will travel together with 2 EHS coaches.</li> </ul> |
| School facilities being used and times:   | <ul style="list-style-type: none"> <li>• EHS Gym for GMS camp June 18-21; 8am-5:30pm</li> </ul>   |
| Grade level of students:  | 9-12  |
| Identify the supervisor(s):   | Karinne Nelson<br>Erin Cornehl  |
| At least one coach will be first aid and CPR trained:   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Emergency response plan will be in place:   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Transportation Needs:   | Self Transportation for June Tournament<br>Bus drop off and pick up for WSU camp.<br>Drop off June 11, Pick up June 14.   |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

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|                      |         |               |          |
|----------------------|---------|---------------|----------|
| <b>Today's Date:</b> | 2/12/18 | <b>Sport:</b> | Football |
|----------------------|---------|---------------|----------|

|   |   |
|---|---|
| Contact Person(s):  | Michael Don   |
| Contact Phone Number(s):  | 509-494-9678  |
| Name of Activity:   | Football Practice<br>Team Football Camp   |
| Date(s) of Activity:  | Practice:<br>May 29, 30, 31,<br>June 4, 5, 6, 7, 11, 12, 13, 14, 18<br>July 30, 31<br>Eastern Team Camp June 20, 21, 22, 23         |
| Describe the Activity:  | Football Team Activities  |
| School facilities being used and times:   | Football Practice Field   |
| Grade level of students:  | 9-12  |
| Identify the supervisor(s):   | Michael Don, Jay Foster, Shaine Brookover,<br>Larry Michael, Josh Simonson, Tyler Theiss,<br>Al Leonard, Omar Figueroa, Ryan Tullar |
| At least one coach will be first aid and CPR trained:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Emergency response plan will be in place:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Transportation Needs:   | School Bus Possibly 2 to Camp   |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |

Coaching staff signature:

Date

Administrator's signature:

Date



## Athletic Summer Programs for 2018-19 Application for School Board Approval

|                      |           |               |                     |
|----------------------|-----------|---------------|---------------------|
| <b>Today's Date:</b> | 2/12/2018 | <b>Sport:</b> | High School Bowling |
|----------------------|-----------|---------------|---------------------|

|   |   |
|---|---|
| Contact Person(s):  | Christy Binge   |
| Contact Phone Number(s):  | 509-679-3349  |
| Name of Activity:   | High School Bowling   |
| Date(s) of Activity:  | After state baseball in May to July 31, 2018<br>Two/three days per week, 1.5 - 2 hours sessions |
| Describe the Activity:  | Learn and practice basic and advance bowling skills   |
| School facilities being used and times:   | N/A   |
| Grade level of students:  | 9-12  |
| Identify the supervisor(s):   | Coach Christy Binge   |
| At least one coach will be first aid and CPR trained:   | Yes: XX    No <input type="checkbox"/>  |
| Emergency response plan will be in place:   | Yes XX    No <input type="checkbox"/>   |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes XX    No <input type="checkbox"/>   |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes XX    No <input type="checkbox"/>   |
| Transportation Needs:   | N/A   |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No XX  |

Coaching staff signature:

*Christy L. Binge*

Date

2-12-2018

Administrator's signature:

*[Signature]*

Date



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|----------------------|-----------|---------------|-----------|
| <b>Today's Date:</b> | 2/21/2018 | <b>Sport:</b> | Wrestling |
|----------------------|-----------|---------------|-----------|

|   |   |
|---|---|
| Contact Person(s):  | Jason Erdmann   |
| Contact Phone Number(s):  | 5098761442  |
| Name of Activity:   | Cashmere Summer Camp  |
| Date(s) of Activity:  | July 23-26  |
| Describe the Activity:  | Summer Wrestling Camp   |
| School facilities being used and times:   | N/A   |
| Grade level of students:  | 9-12  |
| Identify the supervisor(s):   | Jason Erdmann/Dave DeLong/Matt Prazer                               |
| At least one coach will be first aid and CPR trained:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Emergency response plan will be in place:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Transportation Needs:   | Yes   |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Coaching staff signature:

Date: 2/21/18

Administrator's signature:

Date

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| <b>Today's Date:</b> | 4/18/18 | <b>Sport:</b> | Girls Soccer |
|----------------------|---------|---------------|--------------|

|   |   |
|---|---|
| Contact Person(s):  | Erin Redal  |
| Contact Phone Number(s):  | 509-679-7621  |
| Name of Activity:   | Summer Workout Program  |
| Date(s) of Activity:  | June: 18, 20, 22-23 (Tournament), 25, 27, 29<br>July: 9, 11, 13, 16, 18, 20, 23, 25, 27, 30<br>August: 1, 3, 6, 8, 10, 13, 15, 17, 20-25 (Tryouts) 27, 28 |
| Describe the Activity:  | Soccer practice, weight training, off-ball training.  |
| School facilities being used and times:   | EHS practice field, weight room, stadium track, and stairs.<br>9:00 AM - 12:00 PM   |
| Grade level of students:  | 9-12  |
| Identify the supervisor(s):   | Erin Redal, Rosie White, Gaby Gonzalez, Matthew Kimmel. At least 1 of 4 at all times.   |
| At least one coach will be first aid and CPR trained:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Emergency response plan will be in place:   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Coaches and youth athletes will be trained in required concussion awareness guidelines:                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Participants will be made aware of Inherent Dangers for this activity and parent permission will be received: | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| Transportation Needs:   | None  |
| Is this a fund raiser? If yes, attach paperwork   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |

Coaching staff signature: Erin Redal

Date 4/18/18