

Request to Hold High School Sponsored Camp/Clinic

Name of Person Requesting Camp/Clinic _____ Contact # _____

Type of Camp/Clinic _____

Dates of Camp/Clinic _____ Hours of Camp/Clinic _____

School to be Used _____

Facility (Gym, Field, etc.) _____

of Participants _____ Fee Charged to Each Participant _____

Coach/Sponsor _____ Contact # _____

Coaching/Sponsor Assistants _____

Coach/Sponsor: To verify each instruction has been followed, please initial in the spaces provided:

Instructions

Please refer to Board Policy IHCEA, IHCEA-R and KF, KF-R
To qualify as a high school camp, the following guidelines must be met:

- _____ 1. A Building and Facility Use Request Form and Building Use Designee Checklist must be completed and approval signatures obtained. The facility will approve and schedule the activity. See Property Management's web site for details.
- _____ 2. Middle schools will not sponsor athletics camps. Pupils in Grade K through 8 may participate in camps/clinics sponsored by the senior high schools when they offer programs for younger pupils.
- _____ 3. Senior high camps guidelines:
 - a. Standardization of fees:
Two week camp: \$100.00 maximum (\$50 one week)
Fees may be increased to cover facility costs which are in excess of the \$50/week maximum (i.e. ice hockey, swimming, etc.); prior approval by the district athletic director required.
 - b. Monies must be deposited in school accounts and sponsors of camps/clinics must be paid by the District.
 - c. Camps/clinics are restricted to two weeks in length. Exception: Weight lifting
 - d. No student shall participate in a specialized camp/clinic in which any of his/her coaches or high school faculty members are involved for a period greater than two calendar weeks during the calendar year.
- _____ 4. All participants have submitted completed Insurance Waiver.
- _____ 5. If these guidelines are not met, fees will be assessed in accordance with Board Policy, KF, KF-R.

I, _____, verify that this high school camp meets all board policy requirements listed in IHCEA, IHCEA-R, KF, KF-R.

Signature - Principal/Athletics Director _____

Date _____