



Field Trip Authorization Request Form

(To be submitted to principal/departement administrator for approval three (3) weeks prior to field trip.)

School/Department Kingston High School Volleyball Team

Originator/Grade Level Ed Call, Coach Grades 9-12

Date(s) of Trip July 23-30, 2018

Destination Thunder Mountain High School, Juneau Alaska

Name Juneau School District

Address 10014 Crazy Horse Drive

Phone (907) 523-1719 Contact Person Coach Julie Herman

Departure/Return Time 7/23 (time TBD based on flight) to 7/30 (time TBD based on flight)

If applicable: X Out-of-State/Country : X Overnight

Ferry Location and Times

Billing Information

Purchase Order X ASB Account and KHS ASB Credit Card

Check

Type of Transportation

X School Bus Requested - Complete School Bus Transportation Request Form (2320F-1)

Commercial Vehicle: Type

Use of Private Vehicle - Complete Approval for the Use of Private Vehicle (2320F-3)

Other: Type

Cost: No. of Adults 6 (estimated) Admission: Each 300 Total 900

No. of Students 20 (estimated) Admission: Each 300 Total 6000

Transport: Each Total

Ferry: Each Total

Other: Each Total

Grand Total: 6900

Administrator Approval: [Signature] Date: 2/13/18

(Both overnight and out-of-country/out-of-state trip proposals are to be submitted to the superintendent/designee for approval.)

Superintendent/Designee: [Signature] Date: 2/13/18

Distribution: Original to Principal Copies to: Canary--Teacher Pink--Superintendent Designee for overnight and out-of-state trips

North Kitsap School District No. 400

Field Trip Permission Form

(Informed Consent Form*District Curricular/Co-Curricular/Interscholastic Activities)

Student Name: _____ Date: _____

- I. **GENERAL INFORMATION** (return this form to your child's school before March 1st, 2018 and keep any attachments for your information.)

The Kingston High School Volleyball Teamis planning a trip to Thunder Mountain High School, Juneau AlaskaThe purpose of this trip is Volleyball Team Building, Team Camp and Off Season CompetitionTrip destination Juneau Alaska Phone _____Address 10012 Crazy Horse Drive Place of lodging Thunder Mountain High SchoolWe will leave from KHS Bus Loop date/time July 23rd, 2018 (time TBD based on flight)We will return to KHS Bus Loop date/time July 30th, 2018 (time TBD based on flight)Itinerary attached List of items needed attached **Attending:** Number of students 20 Number of adults 6**Type of Transportation:** District Vehicle District Bus Private Vehicle * NO DISTRICT transportation provided

Commercial Transportation (describe) _____ Other (describe) _____

* By signing this permission form parents/guardians accept responsibility for insuring that their student arrives to the designated departure area on time and is picked up at the specified pick up location on time.

II. **MEDICAL INFORMATION** (Completed by Parent/Guardian)**Medical Information:**

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions, or special diets are needed: _____

Medical Release:

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care, as needed.

Name of preferred doctor _____ Phone _____

Name of insurance carrier _____ Policy Number _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable efforts to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for my child to participate in the activity.

Parent name, please print _____ Home Phone _____

Home Address & City _____ Work Phone _____

Parent/Guardian Signature _____ Emergency Phone _____

North Kitsap School District

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Drop off KHS → Airport

TRIP # _____

BUS # _____

Transportation Department
26000 Siyaya Ave NE
Kingston, WA 98346

DATE of TRIP 7/23/2018 REQUESTING SCHOOL Kingston High School

Class/Dept./Group Volleyball Destination SeaTac Airport (Juneau Alaska)

Total Passengers 27 For Local Trips- Do you want the bus to stay? Yes _____ No X

Depart from your school-Time 10am Return to your school- Time _____

TRIP APPROVAL Request will not be processed without proper signature and account information below.

ACCOUNT NUMBER _____ Gen.Fund ASB Co-Curricular

Teacher(s) _____ DATE _____

Building Administrator _____ DATE _____

Superintendent/Designee Signature required if overnight ? Out of State ? Out of Country ?

Superintendent/Designee Signature _____ DATE _____

FORM MUST BE RECEIVED IN TRANSPORTATION 15 WORKING DAYS PRIOR TO TRIP

THIS IS TO BE FILLED OUT BY THE COACH/TEACHER AT THE END OF THE TRIP

Time of departure from school _____ Return trip departure time _____

Time of arrival at Destination _____ Time of arrival at Home school _____

Bus stayed at destination? Yes _____ No _____ Bus Clean after trip? Yes _____ No _____



Driver payroll report-drive start, stop, destination start, stop, drive start, stop, meal start, stop

Add extra sheet if needed (copy of Log sheet)

START TIME					
STOP TIME					

Regular runs missed—Combine as much as you need.	TIME LOST

Driver's Name (Print) _____

Mileage END _____

Mileage START _____

Mileage TOTAL _____

Office Use Only Driver Time

Rate per Mile

Ferry/Bridge Toll

Meals

Other charges

Direct Total Charges to Account:

North Kitsap School District
A Great Place to Live & Learn

Pickup @ Airport → KHS

TRIP # _____ **BUS #** _____

Transportation Department
26000 Siyaya Ave NE
Kingston, WA 98346

DATE of TRIP 7/30/2018 REQUESTING SCHOOL Kingston High School

Class/Dept./Group Volleyball Destination SeaTac Airport (Juneau Alaska)

Total Passengers 27 For Local Trips- Do you want the bus to stay? Yes No

Depart from your school-Time 3pm for SeaTac pick up Return to your school- Time 7pm

TRIP APPROVAL Request will not be processed without proper signature and account information below.

ACCOUNT NUMBER	Gen.Fund	ASB	Co-Curricular
Teacher(s)			DATE
Building Administrator			DATE
Superintendent/Designee Signature required if	overnight ?	Out of State ?	Out of Country ?
Superintendent/Designee Signature			DATE

FORM MUST BE RECEIVED IN TRANSPORTATION 15 WORKING DAYS PRIOR TO TRIP

THIS IS TO BE FILLED OUT BY THE COACH/TEACHER AT THE END OF THE TRIP

Time of departure from school _____ Return trip departure time _____

Time of arrival at Destination _____ Time of arrival at Home school _____

Bus stayed at destination? Yes ___ No ___ Bus Clean after trip? Yes ___ No ___

Driver payroll report-drive start, stop, destination start, stop, drive start, stop, meal start, stop
Add extra sheet if needed (copy of Log sheet)

START TIME					
STOP TIME					

Regular runs missed--Combine as much as you need.	TIME LOST

Driver's Name (Print)		Office Use Only	Driver Time	
Mileage END			Rate per Mile	
Mileage START			Ferry/Bridge Toll	
Mileage TOTAL			Meals	
			Other charges	
			Direct Total Charges to Account:	

**NORTH KITSAP SCHOOL DISTRICT
OVERNIGHT CAMP/FIELD TRIP/HEALTH FORM**

STUDENT NAME _____
TEACHER/SCHOOL Ed Call/Kingston High School (KHS Volleyball Trip to AK)

HEALTH INFORMATION

1. Please fill out this form and return it to school at least one week before field trip/camp begins.
2. Inform the person you have listed as an emergency contact that you are doing so. If you are unavailable for instructions in an emergency, attempts will be made to contact the other name listed. Let that person know where to contact you if you plan to be away from home for several hours.
Emergency contact: _____ Phone _____
3. If your child is taking any medication that he/she will need to bring on this trip, list the name, amount, and times to be given on the back of this page. All medications, whether prescription or over-the-counter, require a completed 3416-F1 form. (Physician's Order For Oral Medicine at School). Forms are available from your school's main office. Attach the completed form to this sheet. If possible, please send only the # of doses needed for camp in the original container with the name and dose listed on it. A designated person will be responsible for giving the medicine to your child while on this trip.
4. List any concerns you have about your child's participation in trip activities. Feel free to discuss them with school personnel.
5. If your child has any allergies, list them on the back of this page. We will be glad to help you work out any special problems so that your child will be able to participate in this activity. Send a list of known allergies and a copy of specific doctor's instructions.
5. In the event of an emergency, every attempt possible will be made to contact you to discuss your child's care. If hospitalization is necessary, we will do so. Please sign the consent form so that we will be authorized to obtain emergency care if it is indicated.
5. Does your child have any problems or conditions that would exclude him/her from participating in any activities?

~ NO ~ YES (If yes, Please list restrictions.)

5. Does your child have any allergies to: (If yes, list and explain reaction.)

1. Insect bites _____

2. Medicines _____

3. Foods _____

4. Others _____

5. Is your child taking any medication that will need to be given while on this trip? If so, list names of drugs, amounts and times to be given. Attach completed 3416-F1 – Physicians Order For Oral Medicine at School – to this sheet.

5. Is there anything else that you would like us to know about your child which will help us plan for this trip?

If my child should become seriously ill or injured while on this trip, I authorize school officials to take him/her to the nearest hospital for emergency care, if that is indicated.

Signature and Relationship to Student

Health Notes:

KHS FIELD TRIP DETAILS

Teacher Name: Ed Call

Med Training: Yes, on Summer 2017 (instructor credentials)

Class/Club: Kingston High School Volleyball

Date of Field Trip: July 23-30, 2018

Destination: Thunder Mountain High School, Juneau Alaska

Departure time (from KHS): July 23rd, 2018 (TBD based on flight schedule)

Destination Arrival Time: July 23rd, 2018 (TBD based on flight)

Destination Departure Time: July 30th, 2018 (TBD based on flight)

Return time (back to KHS): July 30th or 31st, 2018 (TBD based on flight)

Number of students going: 20

Emergency Phone Number: 3609812948

Other staff/chaperones: Chris Eaton (Assistant Coach)

(must have background check/volunteer forms) TBD (Assistant Coach)

Laurie Young, Karen Borson, Wendy Gurney,
Tracy Patterson

 2/13/18
Principal/building Administration Approval Date

For Office use:

- Request for Meeting/Conference form turned in
- District Field Trip Authorization Request form turned in

Notes: _____

North Kitsap School Board and Student Support Center Administration Staff

RE: KHS Volleyball Tour – Juneau Alaska

Greetings,

I'm including this letter as I request field trip authorization to take the KHS Volleyball team to Juneau, Alaska. The projected dates of the trip are July 23rd to July 30th so that we can conclude all volleyball activities during the off season and before the "no coaching" period that begins August 1st.

The trip will be 5 days and 4 nights in duration. All members of the coaching staff will attend. Three female chaperones will attend, each of which is either a district employee or registered volunteer who has completed the NKSD Volunteer requirements.

Thunder Mountain High School will be our host team. TMHS will provide lodging in facility with appropriate gender segregated areas for sleeping, access to locker room facilities and the kitchen. To offset the facility use charges, the KHS Staff and Varsity players will run a free volleyball camp for our hosts and other local schools that can be in attendance. Outside of the camp activities there will be volleyball scrimmages scheduled with several of the teams that normally compete in the Juneau area. The schedule of the camp and scrimmages are not yet confirmed, but will be as soon as the facility reservations are confirmed.

This event will be selection by the coaches, unless no space restriction is needed. The following criteria and (percentage) supplemented by ASB funds that are direct from Volleyball Fundraising Activities may be used. Players will pay the balance to KHS VB ASB:

1. Returning varsity players and Seniors (75%)
2. JV Award Winners and Juniors (75%)
3. Sophomores (50%)
4. Freshmen (25%)

Anyone committing to the trip then backing out will be fined the full (100%) cost.

Historically, KHS VB has run a Youth and High School VB camp each summer. These camps generally bring in \$3,500 to \$7,000 for our Volleyball ASB Fund. Additional fundraisers have been conducted over the past season as part of community activities and during our banquet. No General Athletic Funds will be used to supplement trip costs. If there is not enough funding available, sponsors may be solicited, the percentages will be adjusted or lower tier individuals will be removed from the travel list. If this trip goes well, it may be one that students can expect to take once or twice in their high school career, thus the prioritization on the older student athletes.

This will be an amazing team bonding opportunity. Many activities will be conducted during the trip that will focus on service leadership, collaboration and coordination of efforts, support to other programs and of course, seeing some sights, meeting new friends and competing with other teams.

Thank you for your consideration and approval of our volleyball adventure.

Ed Call

KHS Volleyball, Head Coach

Athletic Medicine/Anatomy & Physiology

Field Trip Itinerary:

July 23rd:

- Depart KHS Bus Loop @10am via Bus
- Alaska Airlines Flight #59 SeaTac to Juneau @ 1pm
- Arrive Juneau Alaska 2:30pm
- Transit to Thunder Mountain High School 4pm
- Team meal and downtime 6pm

July 24th:

- Team Breakfast
- Acclimation day and local exploring with host team
- Team Lunch
- Team Dinner
- Team building activities

July 25th, 26th and 27th:

- Team Breakfast
- Morning Session Volleyball Camp Day 1, 2 and 3
- Team Lunch
- Afternoon Session Volleyball Camp Day 1, 2 and 3
- Team Dinner
- Team building activities

July 28th:

- Team Breakfast
- Invitational Volleyball Tournament
- Team Dinner

July 29th:

- Team Breakfast
- Sightseeing and local activities with our Thunder Mountain Hosts
- Team Dinner with Thunder Mountain Hosts
- Pre-flight pack and preparation

July 30th:

- Team Breakfast
- 11am depart TMHS for Juneau Airport
- Alaska Airlines Flight #76 Juneau to SeaTac @1:25pm
- Arrive SeaTac airport 4:45pm
- 5:30pm return bus to KHS

Projected Flight

Alaska.

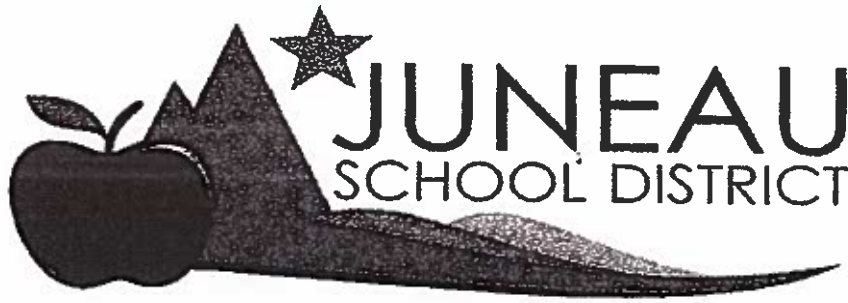
Flight summary [Change](#) | [Remove](#)

Flight	Departs	Arrives	Total price for 7 passengers \$2,540.93
<i>Alaska</i> Alaska 59 Main (K) Nonstop Details	Seattle (SEA) 1:00 pm Mon, Jul 23	Juneau (JNU) 2:21 pm Mon, Jul 23	Taxes, fees and charges
<hr/>			Low-price guarantee
<i>Alaska</i> Alaska 76 Main (K) Nonstop Details	Juneau (JNU) 1:25 pm Mon, Jul 30	Seattle (SEA) 4:45 pm Mon, Jul 30	Shop again using a discount or companion fare code .
<hr/>			
Distance: 907 mi Duration: 2h 21m			
Distance: 907 mi Duration: 2h 20m			

- ▶ [Fare rules](#)
- ▶ [Baggage rules](#)

Total due now \$2,540.93 USD
[Currency converter](#)

NEXT →



10014 Crazy Horse Drive ♦ Juneau, Alaska 99801 ♦ 907-523-1713 ♦ Fax: 907-523-1719

January 30, 2018

RE: Kingston HS Volleyball, Juneau Alaska Visit

To Whom It May Concern:

We are excited to collaborate with Kingston High School Volleyball program to engage in some volleyball competition during July, 2018. We realize that while this is an awesome, unique opportunity for the athletes, it is also costly.

To that end, the Juneau School District has worked through the logistics to ensure that we can provide housing at Thunder Mountain High School for the team. This is a strategy we use often during the school year with visiting teams to lower costs. In addition, we will provide some local transportation options to assist during the visit.

We look forward to hosting your volleyball team.

Sincerely,

A handwritten signature in black ink that reads "Bridget Weiss". The signature is written in a cursive, flowing style.

Bridget Weiss, Ed. D.
Director of Student Services
(907-780-2050)

