



CAMPS, CLINICS AND TOURNAMENTS (CCT) (OUT OF SEASON PLAY) 2023-2024

NOTE: Admin Fee to SDAF is 10%

POLICY, GUIDELINES & FORMS FOR CAMPS, CLINICS & TOURNAMENTS

The purpose of all camps, clinics, tournaments and special events (hereafter referred to as “activity” and “activities”) operating under the name of the San Dieguito Academy Foundation (“SDAF”) is to **help support the operating budget for the respective Foundation member athletic and other council groups**. This policy includes activities that are not school or district sponsored and are outside of the regular CIF schedule/season for a particular sport OR are Foundation approved non-CIF sports.

1. The Council benefiting from the activity will be responsible for all expenses incurred relevant to the activity. Expenses include but are not limited to; liability insurance, custodial fees, referees, equipment, clothing, invitations/flyers, awards or any other direct expense of the activity.
2. A ten percent (10%) administrative fee will be assessed on the gross revenue and considered a direct expense of the activity. This helps cover registration payment processing fees and office support including online registration form development and maintenance.
3. The Foundation Executive Director will be responsible for coordinating the program requirements. The Foundation bookkeeper will be responsible for directly paying all expenses generated from the activity. Team or council parent volunteers will be responsible for coordinating with the coach or instructor to complete the application packet and collect fees for the activity.
4. The net profit will be established after all direct expenses (**excluding coaching or instructor stipends**) mentioned in #1 above have been paid. A minimum of fifty-one percent (51%) of the net profit must benefit the sponsoring council or team. No more than the remaining forty-nine percent (49%) of net profit may be used to pay stipends. (See sample budget)
5. Stipends may be paid to a District-cleared coach, instructor and assistant coaches or instructors who supervise or direct the activity. The combined total of all stipends may not exceed 49 percent (49%) of the net profit. Stipends will be paid upon completion of the activity, and upon receipt of a Check Request form fully completed and executed by the designated parent volunteer (liaison). **Please note that per District policy, current students under the age of 18 cannot participate as coaches - volunteer or otherwise.**
6. All team and council liaisons and coaches/staff instructors must complete and submit to the Foundation the fully completed Camps/Clinics/Tournament **Approval Checklist** (Attachment I).
7. All San Dieguito coaches or camp staff instructors responsible for conducting out-of-season activities must present their calendars and budgets for the activity to the Foundation office with enough notice to obtain special athletic or specialty camp insurance using the **Insurance Request Form** (Attachment II) and **Budget** (Attachment III).
8. All coaches, instructors and non-student assistants working directly with students and student athletes must comply with the **SDAF Independent Contractor Agreement** (Attachment IV) and with the District

requirements for clearance (fingerprinting, TB test, etc.) This agreement and a current W9 form must be on file with the SDAF office before the start of the activity. Contact Foundation office for Personnel forms.

9. In accordance with SDAF policies, contracts with vendors, sponsors or any outside group can only be signed by the current Foundation president or Council Chair. Neither parents nor coaches/staff members are authorized to bind the Foundation in contractual agreements. No exceptions.

SAN DIEGUITO HIGH SCHOOL ACADEMY ATHLETICS

CAMPS/CLINICS/TOURNAMENTS INFORMATION/INSTRUCTIONS

Thank you for your interest in running a summer or out of season camp/clinic/tournament. In the following pages you will find the information that needs to be filled out and returned to SDA Athletic Director/Foundation Executive Director in order to run your camp or clinic.

Following you will find:

- I. Approval Checklist
- II. Insurance Request Form
- III. Sample Budget
- IV. Independent Contractor Agreement – one for each coach on staff
- V. Sample Permit for use of Athletic Facility
- VI. Statement of Information
- VII. Sample Release and waiver to be used for each camper/team member - returned and kept on file
- VIII. Sample flyer naming the San Dieguito Academy Foundation as co-sponsor of the activity.

Please make sure that all information necessary is provided in order to expedite your application.

For any questions please do not hesitate to contact the Athletic Director at 760-753-1121 ext. 5037 or the Foundation Office at 760-753-1121 ext.5152.



ATTACHMENT I

SAN DIEGUITO HIGH SCHOOL ACADEMY ATHLETICS CAMPS/CLINICS/TOURNAMENTS APPROVAL CHECKLIST

The following steps must be completed and/or noted prior to contact with any participant of the camp/clinic/tournament:

- Completed ***Insurance Request*** at least 2 months prior for camps, clinics & tournaments held annually July 1 through June 30 that are not part of the regular CIF season.
- Complete ***Application & Permit for Use of Facilities***. All dates and locations must be secured through the school facility coordinator.
- A completed ***Independent Contractor Foundation Agreement*** and a Form W 9 for all coaches/staff prior to program start date.
- A completed ***coach/staff and volunteer roster*** submitted to the SDAF office.
- Promotion/Registration: All flyers and registration forms must be approved by the SDA Foundation office (**note that the SDA name or logo may NOT be used**)
- SDAF Consent/Waivers must be included in the registration packet, completed and on file for each participant.
- All coaches/staff/volunteers involved, who have direct contact with participants, must have fingerprint and TB clearance through the San Dieguito Union High School District (located at 710 Encinitas Blvd., Encinitas) **prior to any contact with students/participants. Please note that current students may not participate as coaches – volunteer or otherwise.**
- All funds are handled by a volunteer liaison. By signing below, the volunteer liaison agrees to collect and process registration fees through the SDAF office. Coaches/staff are prohibited from collecting money.

Liaison Signature & Date

Head coaches or staff signature confirms that the coach/ staff instructor agrees to and must comply with the policies and guidelines for camps, clinics and tournaments.

Head Coach/Staff Instructor Signature



ATTACHMENT II

**SAN DIEGUITO HIGH SCHOOL ACADEMY FOUNDATION
CAMP, CLINIC AND TOURNAMENT
INSURANCE REQUEST**

Camps, clinics and tournaments may not be conducted without proper liability and medical insurance.

To ensure that you, your students, and volunteers are adequately insured for participation in the camps, clinics and tournaments that you have planned for the upcoming year, please fill out the form below and return it to the Foundation office prior to the start of your event.

If you are planning more than one camp, clinic or tournament, photocopy this form and complete one form for each activity.

CIF Sports:

If you have any questions regarding your group's activity and your sports season of play, please contact the Athletic Director (753-1121 ext. 5037) for clarification. All camps, clinics and tournaments must have the prior approval of the Athletic Director.

Please complete in full and type or print clearly in pen. Thank you.

NAME OF CAMP/CLINIC/TOURNAMENT _____

START DATE (S) _____ END DATE (S) _____

NUMBER OF DAYS _____ TIME (S) _____

LOCATION(S)1. _____

2. _____

3. _____

PARTICIPANT AGES _____ EXPECTED NUMBER OF PARTICPANTS _____

NUMBER OF COACHES/STAFF _____ NUMBER OF VOLUNTEERS _____

CONTACT _____ PHONE _____

E-MAIL _____



ATTACHMENT III

SAMPLE ATHLETIC or SPECIALTY CCT BUDGET

Please use this sample to determine the estimated revenue and expenses for your program. If you need help with your budget, please contact the Foundation office prior to starting your camp, clinic or tournament.

Sample Camp Fee - \$110/week
Sample Camp Enrollment - 20 players

REVENUE:

Camp Fees - \$2,200 (\$110 x 20)

TOTAL - \$2,200

EXPENSES:

Insurance - \$100

T-shirts - \$200

Supplies - \$100

Custodial - \$98 (assumes \$49/hr if a weekend event)

10% Admin - \$220

TOTAL - \$ 718

NET PROFIT: \$1,482

$\$2,200 - \$718 = \$1,482$

PROFIT SPLIT:

51% TEAM/COUNCIL - \$756

49% STIPENDS - \$726*

***Stipends to cover all coaching/instructor fees**
Sample Camp Duration - 2.5 hours per day x 4 day camp = 10 hour



ATTACHMENT IV

SAN DIEGUITO ACADEMY FOUNDATION

INDEPENDENT CONTRACTOR AGREEMENT

This Agreement is entered into on this _____ day of _____, by and between _____, an independent contractor, and the San Dieguito Academy Foundation (SDAF).

Terms of the Agreement

Contractor agrees to:

- Submit a list of at least three references upon request.
- Be fingerprinted at an approved location as determined by the San Dieguito Union High School District.
- Show proof of First Aid and CPR training
- Show proof of current TB test
- Perform service in accordance with the *Code of Conduct* as identified below. Please note: Failure to comply with the *Code of Conduct* is grounds for immediate termination of this agreement.
- Show proof of personal liability.
- Show proof of automobile insurance if transporting students.
- Complete IRS Form W9 for SDAF records (available in the Foundation office).
- Submit a complete invoice/check request for services at completion of the service.

San Dieguito Academy Foundation agrees to:

- Pay the contractor according to previously agreed upon fee for services (outlined below) within two weeks of receipt of invoice and completed check request.
- Complete IRS Form 1099 regardless if the contract for the calendar year exceeds \$600.

CODE OF CONDUCT:

When performing services for San Dieguito High School and Foundation, either on or off campus, the contractor will not:

1. Use racially derogatory language.
2. Use inappropriate or vulgar language.
3. Use sexual nuances, actions or language.
4. Use alcohol, tobacco, or any other substance in presence of students
5. Make sexual advances to any student.
6. Jeopardize a student's health and/or wellbeing. *For example:* A coach will not put an injured student into a game against the advice of the trainer.

The contractor will, at all times:

1. Dress appropriately.
2. Treat each player equally and with respect.
3. Put the student's safety before winning.
4. Effectively communicate with SDA Athletic Director, SDAF Executive Director & Athletic Council liaison.
5. Represent self, San Dieguito High School Academy and Foundation beyond reproach.
6. Follow all SDAF procedures.



**SAN DIEGUITO ACADEMY FOUNDATION
INDEPENDENT CONTRACTOR AGREEMENT**

Service to be performed: _____

Length of service to be performed: _____
Dates beginning and ending

Please note: Any person who fails to submit an Agreement prior to the start date of camp/clinic/tournament or season will not be paid per San Dieguito Union High School District policy.

Limitation of Liability: SDAF disclaims any and all liability for any harm, loss, or damages suffered by any student, parent, coach by any student, parent, coach, administrator, parent group liaison, council group, or other third party, by reason of, or caused by, or related to, the failure to screen, properly hire, manage or supervise any person, employees, or agents of any Club Sport, including but not limited to, coaches, assistance coaches, parents, parent liaisons, or council groups.

I certify that I have read, and that I am in agreement with, the terms as outlined above.

Name _____ Phone _____ Social Security
_____ E-Mail _____

_____ Address City Zip

Signed by: _____ Contractor
Team/Group Liaison

Signed by _____ Authorized Representative of
SDAF Title

ATTACHMENTS:

- **Completed IRS Form W9**
- List of references, if requested


To be on file with the District:

- Proof of fingerprinting
- CPR and First Aid certificates and TB Test
- Proof of professional accreditation
- Proof of automobile Insurance, if requested



ATTACHMENT V

SAN DIEGUITO ACADEMY FACILITIES USAGE APPLICATION

<i>Organization requesting use</i>			<i>Today's date</i>
<i>Facility requested</i>			<i>Date/s needed</i>
<i>Set-up time</i>	<i>Start time</i>	<i>Ending time</i>	<i>Clean-up completion time</i>
<i>Type of activity</i>			<i># of people attending (est)</i>
<i>Supervision (list names of on-site supervision during event)</i>			
<i>Clean-up responsibility:</i>	<i>Custodial services/equipment needed</i>		
<input type="checkbox"/> Custodial <input type="checkbox"/> Other			
DIAGRAM OF SET-UP			
			
<i>Applicant (Printed Name / Signature)</i>			<i>Phone</i>
			<i>Email</i>
<i>Action</i>	<i>Comments:</i>		
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved			
<i>Additional Staff to be informed:</i>			
<i>Approved By</i>		<i>Signature / Date</i>	



ATTACHMENT VI

STATEMENT OF INFORMATION

The undersigned states to the best of his or her knowledge, the school property for use of which application is hereby made will not be used for the commission of any act intended to further any program or movement the purpose of which is to overthrow the government of the United States or the State by force, violence or other unlawful means.

That the organization on whose behalf he/she is making application for use of school property, does not, to the best of his/her knowledge, advocate the overthrow of the government of the United States or the State of California by force, violence, or other unlawful means, and that to the best of his/her knowledge, it is not a Communist action organization or Communist front organization required by law to be registered with the Attorney General of the United States. This statement is made under the penalties of perjury.

Name of Organization <i>(Please note: School name cannot be included in name of event)</i>
Name of Applicant
Applicant Signature / Date



ATTACHMENT VII

RELEASE AND WAIVER OF LIABILITY

I understand that my child _____ has enrolled in the _____

Out-of-Season Program (Camp, Clinic, Tournament) that is to take place at San Dieguito Academy.

I understand that there are risks associated with participating in _____ which include the risk of injury to person and/or property, including death. Prior to arriving at SDA's campus for this Out-of-Season activity, students should self-screen for symptoms of COVID-19. Because this event is being hosted on SDA's campus, the SDUHSD Face Covering Policy will be enforced.

In consideration of being allowed to participate in the Camp and related events and activities, I the undersigned parent/guardian of the child named above do hereby acknowledge and agree to as follows:

I HEREBY RELEASE, WAIVE, DISCHARGE FOREVER, AND COVENANT NOT TO SUE the San Dieguito Academy Foundation, its directors, officers, agents, employees, and any and all Camp sponsors, officials, coaches, volunteers, and others involved in the Camp (hereinafter "Releasees") from all liability to the undersigned or such children and all his or her personal representatives, assigns, heirs and next of kin for any loss or damage and any claims or demands therefore on account of any and all injury to person or property, including death, to the undersigned or any such children while the undersigned or such children are attending the Camp or related activities.

THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost (including attorney's fees) the Releasees may incur as a result of attendees' attendance at the Camp or any related activity thereof.

The UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any position thereof is held valid, it is agreed, that the balance shall continue in full force and effect.

The UNDERSIGNED WARRANTS that he/she has no knowledge of any physical impairment that would be affected by the attendee's participation in the Camp.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducements not contained in this waiver have been made.

SIGNATURE PARENT/GUARDIAN

DATE



ATTACHMENT VIII

SAMPLE FLYER

MUSTANG GIRL'S VOLLEYBALL CAMP

SPONSORED BY THE SDA FOUNDATION

REGISTRATION FORM (GRADES 9-12)

Please fill out and drop off at SDA Foundation Office or mail completed form to:

SDA Foundation
Attn: Mustang Girl's VB Summer Camp
PO Box 235109
Encinitas, CA 92023

PLAYER INFORMATION:

Player's First and Last Name: _____ Date of Birth: _____
School attending in the Fall: _____ Grade level in the Fall: _____
Years of volleyball experience: _____
Parent/Guardian Name: _____ Daytime phone: _____
E-mail: (used for camp information only) _____
Emergency Contact: _____
Emergency Contact Phone Number: _____ Relationship to Player: _____

CAMP INFORMATION:

Monday - Thursday, July 9-12 from 11:30am - 2:00pm

COST: \$110 PER WEEK

Form of Payment: Payment must be received before player can participate

- Online - Using Formstack form and PayPal payment
- Check - Payable to SDA Foundation; please note camp/activity in the memo

All players must show proof of medical insurance.

IMPORTANT NOTE: PER CIF ALL ATHLETIC CAMPS/ OUT OF SEASON FLYERS MUST CONTAIN THE FOLLOWING WORDING State CIF bylaws require that all information provided in regard to any aspect of student eligibility to participate in high school athletics must be true, correct, accurate and complete. State CIF Bylaws also require that parents, students, coaches and schools must disclose any pre-enrollment contact of any kind whatsoever with parent or student during the 24 months prior to enrollment in the school. Participation in this activity must be disclosed to the CIFSDS office when requesting eligibility to participate in high school athletics beginning in the ninth grade. Participation in this activity may affect student eligibility to participate in high school athletics.

Parent/caregiver signature _____ Date _____ Student signature _____ Date _____



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
03/16/2023

AGENCY		CARRIER Great American Insurance Company		NAIC CODE 16691
POLICY NUMBER GAP108872/PAC 4725034		EFFECTIVE DATE 04/15/2023 12:00 AM	NAMED INSURED(S) San Dieguito Academy Foundation	

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	LOSS PAYEE MORTGAGEE OWNER REGISTRANT TRUSTEE		San Dieguito Union High School District, its Board of Trustees, officers, employees, and agents 710 Encinitas Blvd Encinitas, CA 92024				LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: AIRCRAFT: ITEM:
	REFERENCE / LOAN #:	INTEREST END DATE:						
	LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				

REASON FOR INTEREST:

E-MAIL ADDRESS:

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.