

Rio Americano – Woodbridge High School Cross Country Classic Race,
Silverlakes Sports Complex, Norco, CA

ITINERARY

Thursday, September 19th

Leave Rio Americano HS parking lot at 2pm. Drive to Anaheim in cars driven by parent volunteers and coaches.

Friday, September 20th

Sleep in, hang out by the pool, or explore Downtown Disney in the morning. Meet in the hotel by 2pm (Time may change depending on traffic TBD day of) to drive to Norco. The races will be finished by 10pm. Drivers may stop at fast food restaurants for dinner. There are also food trucks at the race, so you may want to bring some cash.

Saturday, September 21st

Meet in the hotel lobby to pick up Disneyland Park Hopper tickets. Walk to Disneyland. ALL student athletes must be with one other person from Rio Americano at all times when leaving the hotel and while at Disneyland.

Sunday, September 22nd

Check out of hotel at 9am and drive back to back to Sacramento. Meet back at Rio Americano HS for student pick up.

HOTEL: Howard Johnson Anaheim Hotel & Water Playground

1380 South Harbor Blvd.

Anaheim, Ca 92802

(714) 776-6120

(free parking; five minute walk to Disneyland & Downtown Disney)

COST FOR THE TRIP:

HOTEL: 4-5 Athletes per room to keep cost at a minimum	\$145
Disneyland Hopper Ticket	\$160
<u>Race day snacks & drinks/Coaches offset cost</u>	<u>\$45</u>

TOTAL: \$350

1st payment of \$175.00 is due JULY 15th

2nd payment of \$175.00 is due AUGUST 16TH

Parents are welcome to pay the amount in full by July 15th. These costs do not include meals or a contribution for gas. Athletes should bring \$50-\$75 for food and some cash to be given to parent drivers for gas. The hotel is equipped with refrigerators in each room. Road snacks would also be a great idea for your student to bring.

STUDENT CONTRACT

Yes, I will attend the Woodbridge High School Cross Country Race and Disneyland Trip! I understand that the initial payment of \$175 is due on July 15th, with an additional \$175 due on August 16th. *These fees do not include food (\$50-\$75) or gas for the parent driver. We look forward to an exciting trip!

As a participant on this trip and a representative of Rio Americano High School, you will be expected to follow school, Disneyland, and hotel rules, including abstaining from using or selling any controlled substances, alcoholic beverages or tobacco products. In addition, no student may be in a hotel room alone with someone of the opposite gender at any time. Not following the rules will result in school and disciplinary action. Also, for safety purposes, Rio Americano students are expected to be with at least one other person from our school group (either another Rio Americano student or adult chaperone) when off hotel premises.

RUNNER'S NAME (PRINT): _____

RUNNER'S SIGNATURE: _____

PARENT/GUARDIAN NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____

* Payment can be made by check **payable to RAAB** and given to Coach Anton, or via credit card through the RIO CROSS COUNTRY & TRACK/FIELD web page. Please note that payment made by credit card will incur a 3.1% service charge.

The initial payment of \$175 is non-refundable as it will go towards hotel costs, which we must pay in advance. So, please only submit payment if you are certain that you will attend.

**** Direct any questions you may have to the Coaches or
Melinda Engleking cell: (916) 541-4798 (text or call is fine) email: Englequeen@gmail.com**

***** This form is due, along with your initial payment, by July 15th**

PARENT QUESTIONNAIRE

Would you like to be a parent driver and chaperone on this trip? [] YES [] NO

IF YES, how many students (along with their luggage) can fit in your car? _____

IF you said yes, THANK YOU! Driving to Southern California with a carload of kids is truly a labor of love! The trip is a blast and you will have a great time while getting to know all the fabulous RIO parents, coaches, and runners! We appreciate your willingness to help make this trip possible!

For the safety of our students, there are a few steps necessary for a parent to serve as a driver:

You must have your fingerprints on file in the San Juan Unified School District Office. (*Fingerprints taken for another school district OR your job will not work.) To do this, complete a San Juan Unified School District Human Resources Fingerprint Authorization Form, available in the principle's office at Rio.

Once you complete this form, you'll need to make an appointment with the San Juan Unified School District to get fingerprinted. Do this as soon as possible, as it takes a few weeks to process. **It is free for parent volunteers.**

You must complete a Volunteer Personal Automobile Use Form (attached in packet) and submit it along with a copy of your driver's license and insurance **DECLARATION PAGE, back to the Rio Principle's office.**

****This form must be completed each year, so if you completed it last year, you will still need to fill out a new one this year.**

If you have already been fingerprinted by the San Juan Unified School District, please provide us with the following information about you so that we can make sure the district has your fingerprints on file.

FULL LEGAL NAME (PRINT): _____

DATE OF BIRTH: (M)____/(D)____/(Y)_____

LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER: _____

Would you like to purchase additional tickets to Disneyland? [] YES [] NO

If yes, how many tickets (@ \$160 each) would you like to purchase? _____

Payment for these tickets can be made either by check, **payable to RAAB** and given to Coach Anton, or via credit card through the Rio Americano Cross Country & Track/Field web page.

Please note payments made by credit card will incur a 3.1% service charge.

ADDITIONAL CHAPERONE INFORMATION

Parent chaperones may book rooms at the same hotel in which the students are staying by using their credit cards. A block of rooms has been reserved under the Rio Americano Cross Country Team.

All rooms reserved include two queen-sized beds, with a twin rollaway bed option. Call the In-House reservation line at Howard Johnson at (714) 766-6120, Monday-Friday from 9:00am to 5:00pm.

You must reserve your parent room by August 9th at the latest.

FORMS TO BE FILLED OUT/SIGNED AND RETURNED TO COACHES OR EMAILED TO MELINDA (ENGLEQUEEN@GMAIL.COM):

**STUDENT CONTRACT
PARENT QUESTIONNAIRE
STUDENT FIELD TRIP PERMISSION SLIP**

ADDITIONAL FORMS FOR PARENT CHAPERONES:

**VOLUNTEER PERSONAL AUTOMOBILE USE FORM
CHAPERONE FIELD TRIP AUTHORIZATION FORM**

****RIO HS MAIN OFFICE SUMMER HOURS: MONDAY-FRIDAY 8AM-3PM, CLOSED FOR LUNCH FROM 11:30AM-12:30PM**



STUDENT FIELD TRIP AUTHORIZATION

No student will be permitted on the Field Trip unless this completed and signed Authorization is submitted to the Supervising Teacher, Sponsor, or School Main Office at least 48 hours prior to Field Trip.

Verbal Authorizations, or Authorizations not on this form, cannot be accepted.

Student Name:	Address:
Grade:	DOB:
School:	Home Telephone:
Emergency Contact & Telephone No.:	
Field Trip Destination:	
Date of Trip:	
Expected Departure Time:	
Expected Return Time:	
Method of Transportation:	
Supervising Teacher/Sponsor:	
Medical Conditions/Medications:	

By signing below, I acknowledge and agree as follows:

1. Participation in this Field Trip is voluntary and is a privilege. I understand that the student has the right and ability to remain at school instead of participating in the Field Trip. I request that the Student be allowed to participate in the Field Trip, under the supervision of the Supervising Teacher/Sponsor and/or adult chaperones, with transportation to be provided in the described manner (which may include transportation in non-District owned/operated vehicles).

2. California Education Code Section 35330 states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." I understand and agree that I cannot hold the District, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, the Student's participation in this Field Trip. [Adults participating in out-of-state Field Trips must also sign a statement waiving such claims.]

3. The Supervising Teacher or Sponsor will discuss Field Trip rules and safety requirements with students and adult chaperones prior to the Field Trip, which may include dangerous or hazardous conditions or circumstances exposing the Student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the Field Trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the Student to follow Field Trip rules or safety requirements may result in the Student being sent home, at my expense, and that the Student may be barred as a result from future Field Trips.

4. Emergency medical information regarding the Student is on file with the District and is current. (Provide updated information before the trip, if necessary) If an injury or medical emergency occurs during the Field Trip, a Supervising Teacher, Sponsor or chaperone has my express permission to administrator or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

Parent/Guardian Printed Name	Signature	Date
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Date Received by School:	Received by:
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ADULT/PARENT/GUARDIAN/CHAPERONE FIELD TRIP AUTHORIZATION FOR OUT OF STATE AND/OR WITHIN STATE OVERNIGHT FIELD TRIPS OR EXCURSIONS

No adult/parent/guardian/chaperone will be permitted on the out of state and/or overnight within state field trip or excursion unless this completed and signed Authorization is submitted to the Supervising Teacher, Sponsor, or School Main Office at least 48 hours prior to Field Trip.

Verbal Authorizations, or Authorizations not on this form, cannot be accepted.

Adult/Parent/Guardian/Chaperone Name:	Adult/Parent/Guardian/Chaperone Address:	
Student of adult/parent/guardian/chaperone (if applicable):	DOB:	
Telephone Numbers : Home	Cell	Work
Emergency Contact & Telephone No.:		
Field Trip Destination:		
Date of Trip:		
Expected Departure Time:		
Expected Return Time:		
Method of Transportation:		
Supervising Teacher/Sponsor:		
Medical Conditions/Medications:		

By signing below, I acknowledge and agree as follows:

1. Participation in this Field Trip is voluntary and is a privilege. I request that I be allowed to participate in the Field Trip as an adult/parent/guardian/chaperone, under the supervision of the Supervising Teacher/Sponsor, with transportation to be provided in the described manner (which may include transportation in non-District owned/operated vehicles or transportation in my vehicle).
2. California Education Code section 35330 states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." I understand and agree that I cannot hold the District, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, my participation in this Field Trip.
3. California Education Code section 35330 further states that: "All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims." I understand and agree, by my signature below, that I have read this statement and am waiving all claims.
4. The Supervising Teacher or Sponsor will discuss Field Trip rules and safety requirements with students and adult chaperones prior to the Field Trip, which may include dangerous or hazardous conditions or circumstances exposing me to potential harm or injury, potentially including death. I am required to obey and as a chaperone to help enforce all rules and safety requirements of the Field Trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior.
5. My emergency medical information is attached hereto and is current. If an injury or medical emergency occurs during the Field Trip, a Supervising Teacher, Sponsor, or other adult chaperone has my express permission to administer or to authorize the administration of urgent or emergency care, including my transportation to an urgent care or emergency care provider. In such circumstances, notice to my Emergency Contacts of my injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

Adult/Parent/Guardian/Chaperon Printed Name	Signature	Date
Date Received by School	Received by:	

Supervising Teacher/Sponsor shall take a copy of this form on the Field Trip.
The original form will remain on file with the Main Office for a period of no less than two (2) years after the date of the Field Trip.



San Juan
Unified School District

San Juan Unified School District

VOLUNTEER PERSONAL AUTOMOBILE USE FORM

[One Form Required for Each Driver to be Approved]

Thank you for volunteering your time, and your automobile, to help transport our Students to off-site events or activities. In order to protect the health and safety of our Students, our District requires that anyone (employee or volunteer) using their personal automobile to transport Students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least fifteen (15) days before you transport our Students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

REQUIRED INFORMATION

Name of Driver:	
Calif. Driver's License No. & Exp. Date:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No.:	
Insurance Carrier:	
Policy Number and Expiration Date:	
Liability Coverage Limits:	

We also require a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page. Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport Students. By signing below, you are also authorizing the District to (a) obtain a copy of your Driver Record History and status of your Driver's License, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, please also be advised, that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, your insurance will provide the primary coverage for any resulting bodily injury or property damage. The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our Students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported Students. The Vehicle(s) may be inspected by District representatives.
3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized Students ride in the Vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the Vehicle to a specific activity, event, or competition if the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

Printed Name

Signature

Date

Date Received by District:

Received by: