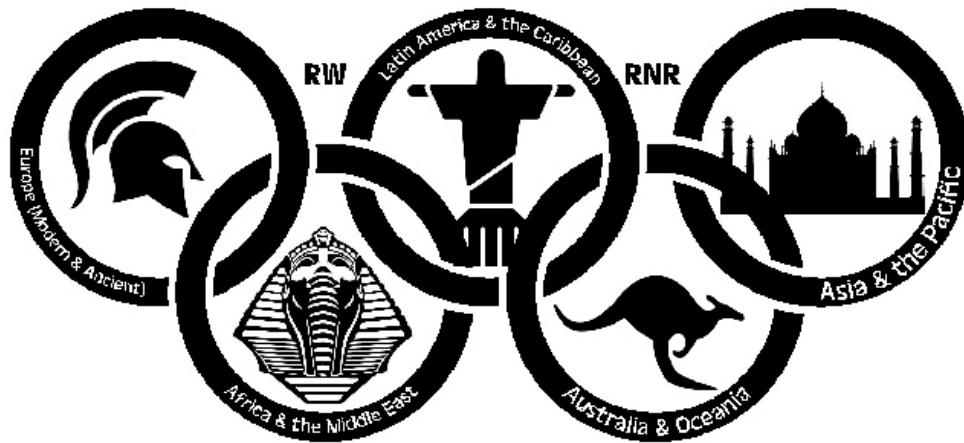




MAMMOTH LAKES 2016

BATTLE OF THE CONTINENTS



Mammoth Camp
August 14-20, 2016
Packet #1

Cross-Country

Mammoth Camp

August 14-20, 2016

Mammoth Camp Checklist: Athletes

**This page is for your own records!*

	<u>Amount Due</u>	<u>Received</u>
Deposit	_____	_____
1 st Payment	_____	_____
Final Payment	_____	_____
Reductions	_____	_____
Reductions	_____	_____
Total Due	_____	
	<u>Received</u>	<u>Not Received</u>
Registration Form	_____	_____
Field Trip Form (District)	_____	_____
Non-District Transportation	_____	_____
Assumption of Risk	_____	_____
Athletic Clearance	_____	_____
Blue Cards	_____	_____
Rules and Regulations	_____	_____
General Information	_____	_____
Release Form	_____	_____
Transportation Form	_____	_____
Right to Treat Form	_____	_____
Non-Participation Form	_____	_____

Mammoth Camp

August 14-20, 2016

Mammoth Camp Checklist: Parent Counselors
(PARENT COUNSELORS ONLY)

**This page is for your own records!*

	<u>Received</u>	<u>Not Received</u>
Final Confirmation	_____	_____
Request/Authorization for Volunteer Driver	_____	_____
Driver's License Photocopy	_____	_____
Insurance Photocopy Must Show Full Coverage	_____	_____
Original DMV Report (Clean) (Reimbured - \$5 DMV; \$2 Online - DMV)	_____	_____
Excursion/Medical Form	_____	_____

Mammoth Camp Checklist: Parent Counselors (Drivers)

Vehicle (Circle One): Personal Rental (Provided)

Vehicle Information (Personal)

Make _____

Model _____

Year _____

Number of Passengers (Additional) ____
(Do Not Included Non-athletes)

NOTE: Parents who drive their own personal vehicles to Mammoth will received a \$125 credit (6-7 passengers) or . A \$75 credit (3-5 passengers) Gas will be covered by the camp.

NOTE: \$50 credit will be put towards Mammoth fees for parents who driver rental vehicles. Those parents must be available to pick up the vehicles on Saturday, August 13, 2016 at Enterprise Long Beach Airport at 7:00pm. Transportation to Enterprise will be arranged.

Please confirm condition of vehicle before driving.



Mammoth Camp 2016 General Information

- Departure** Cerritos students meet at Cerritos High School at 6:00 am August 14. We want to leave by 6:30 am.
- Arrival** We will try to arrive at the Sherwin Villas by 3:15 pm.
- Arrival Home** We will get back to Cerritos High School at approximately 6:30 pm on August 20. We will leave Mammoth at approximately 10:30 am the same day.
- Housing** We will be staying at the Sherwin Villas at Mammoth Lakes. The athletes will stay in the following rooms: 17B, 37D, 44E, 65G (Subject to Change). The reservations are under Jason Watanabe. The number to Mammoth Reservations Bureau is 1-800-462-5571.
- Weather** The weather during the day is generally warm reaching the mid 80s. The temperature can get cold during the morning and evenings, ranging from the high 40s to the high 50s. Therefore, bring clothing appropriate for both kinds of weather. (See "What to Bring List" for ideas.)
- Special Needs** If any athlete has a special need such as medication, food requirements, or desires vegetarian, etc. that information should be brought to the attention of the coach prior to the departure for Mammoth so that special accommodations can be made (Deadline for food request 8/5/2016)

**Any Questions Call Jason Watanabe at 562-397-0867.
An e-mail may also be sent to wutanabe5@aol.com**

WHAT TO BRING LIST

BRING . . .

T-SHIRTS [BE SURE TO PACK SPARES]
WALKING/RUNNING SHORTS
SOCKS [BE SURE TO PACK SPARES]
PAIR OF PANTS
SWEATS
JACKET (HEAVY AND LIGHT)
TWO PAIRS OF SHOES (ONE RUNNING & ONE CASUAL)
ADDITIONAL PAIR OF RUNNING SHOES
TOILETRIES
EXTRA TOWELS (SHOWER AND POOL)
BATHING SUIT
NOTEBOOK AND PENS
FLASHLIGHT (MANDATORY FOR SENIORS)
SLEEPING BAG & PILLOWS
CD/MP3 PLAYER (WITH HEADPHONES) *
EXTRA CASH (AMOUNTS VARY)*
SANDALS (ONE PAIR) *
CAMERA/CAMCORDERS *
SPORTING EQUIPMENT (CHECK WITH COACH) *
SUN TAN LOTION / SUN BLOCK *
GLOVES (LIGHT OR HEAVY) *
BOOKS *
WATER BOTTLE *
SPIRIT ITEMS FOR CONDOS

* OPTIONAL



CONDO TEAMS

DETERGENT
SNACKS
MATCHING ITEMS
VIDEO CAMERA
DRINKS
AIR FRESHNER
EXTRA TOILETRY
PROPS
ONLINE MISSIONS

DON'T BRING . . .

EXPENSIVE ELECTRONICS
EXPENSIVE CLOTHING OR JEWELRY
EXCESS CASH
PAINTBALL GUNS
ROLLERBLADES
FIREWORKS OR EXPLOSIVES
ANYTHING ILLEGAL (DRUGS, WEAPONS, ETC)
EXTREMELY LARGE BAGS/SUITCASES

IF IT'S QUESTIONABLE, ASK THE COACH BEFORE YOU PACK IT!!

Cross-Country

Mammoth Camp

August 14-20, 2016

Student Name _____ Date of Birth ____/____/____

Parent's Name Mother _____

 Father _____

Address _____

City, State, Zip Code _____

Phone Number _____

E-mail (if any) _____

Emergency Contact
Name _____

Phone Number _____

Doctor/Physician
Name _____

Phone Number _____

Insurance Carrier _____

Insurance Number _____

Allergies _____

Medications _____

Special Dietary Needs _____

Recent Illnesses _____

Recent Injuries _____

Other Information _____

Mammoth Camp

August 14-20, 2016

I _____ give my permission for _____
Parent's Name Student's Name
to attend the Mammoth Running Camp on the dates of August 14-20, 2016. I agree not to take legal action in the event of reasonable and unforeseen accidents occurring, against Mammoth Camp Coordinators, Mammoth Camp Staff, Cerritos High School, or the ABC Unified School District. I understand that every precaution will be made in order to insure the safety of my child. In the event of accident or illness, I understand that every thing that can be done will be done to ensure the best outcome possible. I have been informed of all the activities and am comfortable with the goings on and staff of the Mammoth Camp. I therefore release my child to the Mammoth Camp staff from August 14-20, 2016.

I _____ give permission for my son/daughter to be
Parent's Name
transported from Cerritos High School to Mammoth Lakes and to be transported during the Mammoth Camp stay as necessary for workouts, activities, etc. and to be transported from Mammoth Lakes to Cerritos High School on the dates of August 14-20, 2016. I understand that only ABC Unified School District (ABCUSD) employees and approved drivers will be driving during the duration of the camp while in the Mammoth Lakes and surrounding areas and in case of emergency between Cerritos and Mammoth Lakes. I also understand that a district arranged bus will be transporting the students from Cerritos to Mammoth Lakes.

I _____ give my permission for _____
Parent's Name Student's Name
to be treated at a hospital in the event of accident or illness. I understand that every action will be taken in order to get in contact with me or the emergency contact first, therefore I give permission for hospital staff to use any means necessary to stabilize my child before I am contacted for further instructions.

Parent's Signature _____

Mammoth Camp

August 14-20, 2016

I _____ understand that I have the option to disallow my child
Parent's Name
from participating in any activity that I am not comfortable with. Below is a list of activities that my child will be participating in. By circling any of the below activities I indicate that I **DO NOT** wish my child to participate in that activity. By not circling, I am therefore aware of my child's activity and give my permission for him/her to participate.

Bowling
Rock Jumping
Golfing
Fishing
Camp Competitions
Sports Games
Mountain Biking
High Ropes Course
Horseback Riding
Hot Springs Trip
Nature Hikes
Swimming Pool

OTHER (Please List):

Parent's Signature _____



Rules & Regulations

Please read each rule with your son/daughter before signing and returning.

The breaking of these rules could result in the student(s) being sent home at the parents' expense.

There will be a zero tolerance attitude taken towards these rules in order to insure a safe and fun week for everyone.

Follow these guidelines and you will be fine.

ABSOLUTELY no drugs, alcohol, smoking, or weapons of any kind. (Could Result in School Disciplinary Action)

No horseplay during workouts or clinics.

No running and screaming through the complex after sunset or in the early morning.

No leaving the condo property without permission from the coach.

No missing clinics, workouts, or activities without permission from the coach.

Always stay in groups; no wandering away alone.

If it isn't yours, **DON'T TOUCH IT!** Leave other peoples' property alone unless you have permission.

- **NO PRANKS/RAIDS ARE ALLOWED.** Pratical jokes are a natural process of a camp, **HOWEVER** the line between a practical joke and a prank is very thin - thus, think before acting. Please think about the embarrassment that could be faced by your or your coaches and counselors if you carry things too far.

PRANKS include, but are not limited to actions that:

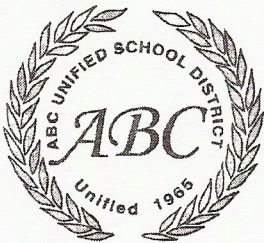
- Physically harm someone
- Hurt someone's feelings
- Harm someone's property
- Harm condo property in any way.
- Make an uncleanables mess
- Scare someone (to an extreme)
- Make someone late for an activity, clinic or workout.
- Intercondo pranks - including breaking curfew, stealing, sabotage (competitions), etc.
- Forcing someone to do something against their will.

- No admittance for athletes into the adult condo or room without permission.
- No altering the vehicles. Any damage will be the responsibility of the athlete.
- Athletes are responsible for keeping the vehicles clean. Any trash should be removed daily.
- Anyone two people of the opposite sex will not be allowed in a condo alone. You must have at least three people present, this mean in the company of, not just in the condo. Athletes of the opposite sex are **ONLY** allowed in the living room area of a condo even if they follow the rule stated previous. There will be **no exceptions** for breaking this rule.
- Public displays of affection that are of a romantic gesture are not allowed!
- Keys have a deposit of 25 dollars each. Any keys lost will be the financial responsibility of the individual who lost it.
- Be on time to workouts, clinics, or activities. Don't be late or there will be penalties.
- Make curfews and wake-up calls. Curfew is at 11:00 PM most nights and wake-up calls are at 6:45 am most mornings (check daily schedule). If you are late, you hold up everybody. There will be penalties such as pushups for not being on time. The **entire** condo will face the punishment if one member of their condo is late - collective responsibility.
- Any injury or sickness, no matter to what degree, should be reported to the coach immediately for attention.
- The daily schedule is only a guideline and may change during the week. Make sure you listen for changes and be sure to note the adjustment on your schedule. You are responsible for following the updated schedule.
- If you take out equipment, make sure you put it back where you got it.
- No mouthing off to the condo staff or other people staying in the condos. If there is a problem, let the coach know and he will take care of it. Remember, we are guests in their complex.
- Keep the noise in the condos to a minimum. Don't disturb other people in the condos around you condos. Being reprimanded due to noise is an embarrassment to the program and the staff, even if it is carried out by athletes.
- Athletes are responsible for any damages, messes or problems that have come as a direct result of their actions. Each athlete will be held accountable for their actions, including any costs associated with their actions.
- As a forewarning, since this is a school-related activity, athletes can face school punishment if any offenses violate Cerritos High School rules. If the above rules are followed, athletes will have no problems.

I have read all of the rules and regulations listed above and agree to all of them. In any violation of these rules and regulations, I am aware that will be some sort of consequence. **(PLEASE COPY FOR YOUR OWN RECORDS)**

Parent's Name & Signature _____ Date _____

Student's Name & Signature _____ Date _____



ABC Unified School District

Purchasing, Warehouse and Risk Management Department
16700 Norwalk Boulevard, Cerritos, CA 90703
(562) 926-5566 ext. 21212

VOLUNTARY ACTIVITIES PARTICIPATION FORM ACKNOWLEDGEMENT AND ASSUMPTION OF POTENTIAL RISK

_____ wishes to participate

in the District-sponsored activities of: _____

I understand and acknowledge that some of the injuries/illness which may result from participation in these activities include, but are not limited to, the following:

Sprains/strains
Fractured bones
Unconsciousness
Head and/or back injuries

Paralysis
Loss of eyesight
Death

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this **VOLUNTARY ACTIVITIES PARTICIPATION FORM** and that I understand and agree to its terms.

Student Signature

Date

Parent/Guardian

Date

A signed **VOLUNTARY ACTIVITIES PARTICIPATION FORM** must be on file with the District before a student will be allowed to participate in the above extra-curricular/co-curricular activities.



ABC Unified School District

16700 Norwalk Boulevard, Cerritos, CA 90703 (562) 926-5566

BOARD OF EDUCATION

Cecy Groom, President

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SUPERINTENDENT

Dr. Ronald G. Barnes

NON-DISTRICT TRANSPORTATION NOTICE

The undersigned hereby acknowledges and understands that the District is **NOT** providing transportation to school-sponsored activities and that it is the responsibility of the undersigned to arrange for transportation.

As parent/legal guardian, I hereby authorize and give permission for my child, _____, to drive himself/herself or to ride as a passenger in a vehicle driven by another student or parent.

The undersigned acknowledges and understands that the driver is not driving on behalf of or as an agent of the District. Further, the undersigned understands that the District has not verified the driving record of the driver or the mechanical condition of the vehicle.

IT IS FULLY UNDERSTOOD THAT THE DISTRICT IS IN NO WAY RESPONSIBLE, NOR DOES THE DISTRICT ASSUME LIABILITY, FOR ANY INJURIES OR LOSSES RESULTING FROM THIS NON-DISTRICT SPONSORED TRANSPORTATION. ALTHOUGH THE DISTRICT MAY ASSIST IN COORDINATING THE TRANSPORTATION AND/OR RECOMMEND TRAVEL TIME, ROUTES, OR CARAVANING TO OR FROM THIS EVENT, I FULLY UNDERSTAND THAT SUCH RECOMMENDATIONS ARE NOT MANDATORY.

Parent/Guardian's Signature

Date

Student's Signature

Date

DISTRICT-SPONSORED FIELD TRIP-VOLUNTARY ATTENDANCE
PARENT PERMISSION AND ASSUMPTION OF RISK

DATE: _____

Student's Name _____ has my permission to participate in the following field trip:

Destination/Nature of Activity **Mammoth Lakes (Mammoth Running Camp)**
(Please be specific (e.g., Concert at UCLA.)

Special Instructions: **One Bag (Duffle), One Carry On, Sleeping Bag, Bring Money for Two Meals/Snacks**
(e.g., Bring sack lunch.)

Departure Date: **August 14, 2016** Time: **6:00am** Return Date: **August 20, 2016** Time: **6:30pm**

Person in charge: **Jason Watanabe** Position: **Head Coach** School: **Cerritos High School**

Type of Transportation: ☐ School Bus/Vehicle ☐ Walking ☒ Other **Charter Bus**
(Please Specify)

Health or special needs: Check as appropriate.

Adult Chaperone Vehicles
Rental Vehicles

	My student has no special health needs the staff should be aware of and no medication required on the trip.
	My student has a special need, and instructions are attached.
	Other:

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As stated in California Education Code Section 35330, I understand that I hold the ABC Unified School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

Work (____) _____
Signature (Parent/Guardian) _____ (Please Print Name) _____ Home (____) _____
Area Code Telephone

Home Address: _____ Age of Student: _____ Date of Birth: _____

Student's Signature _____
Family Medical Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross)

In the event of an emergency, please contact: _____ Work (____) _____
Name Relationship Home (____) _____
Area Code Telephone