CERRITOS CROSS COUNTRY
CIOVIS CROSS COUNTRY INVITATIONAL 2011
October 7-8, 2011

Holiday Inn Express Hotel & Suites
Fresno (River Park) Hwy 41
7115 North Howard Street
Fresno, CA 93720
559-577-1350

CLOVIS ITINERARY

October 7, 2011

10:00	Depart from Cerritos
12:00	Lunch
3:00	Arrive in Fresno
3:15	Woodward Park - Run the Course (Don't Forget Your Sweats!)
5:00	Hotel Check In
6:00	Dinner (Provided)
7:30	Entertainment - Boomers
11:00	Lights Out

October 8, 2011

7:30	Wake Up & Breakfast (Provided by Hotel)
9:30	Depart for Park
11:35	JV Girls
12:05	JV Boys
12:30	Girls – Division II
1:00	Boys – Division II
1:45	Depart from Park/Lunch Delivered
7:00	Return to Cerritos/Prepare for Dance

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RULES AND REGULATIONS

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 weekend for everyone. Follow these guidelines and you will be fine. We do not want to have to call parents to pick up their sons/daughters.

ABSOLUTELY no drugs, alcohol, smoking, or weapons of any kind.
No running and screaming through the hotel.
No leaving the hotel property without a coach or chaperone.
Always stay in groups; no wandering away alone.

- No altering the vehicles.
- Athletes are responsible for keeping the vehicles clean.
- NO ATHLETE OF THE OPPOSITE SEX IS ALLOWED IN YOUR HOTEL ROOM!!
- Any injury or sickness should be reported to the coach immediately.
- No mouthing off to the hotel staff or other people staying in the hotel. If there is a problem, let the coach know and he will take care of it.
- Keep the noise in the hotels to a minimum.
- Athletes are responsible for any damages, messes or problems that have come as a direct result of 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.

NOTE – The hotel has a strict noise complaint policy. If you receive a complaint, even if it is the first, you CAN be removed from your hotel room. In the case that this occurs, those responsible can be held accountable for the unused nights in the rooms.

_____

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.

Parent's Signature _____ Date _____

Student's Signature _____ Date _____

ABC Unified School District

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

BOARD OF EDUCATION
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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

Non-District Transp. Form
Field Trip 4/99

ABC Unified School District

STUDENT

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

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

Date: _____ School Site: **Cerritos High School**

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

Destination/Nature of Activity **Clovis Cross Country Invitational (Woodward Park)**
(Please be specific (e.g., Concert at UCLA)

Special Instructions: **one small bag/one carryon; additional money (see packet)**
(e.g., Bring sack lunch.)

Departure Date & Time: **10/7/11 10:00 AM** Return Date & Time: **10/8/11 7:00 PM**

Method of Transportation: [X] Walking [X] Vehicle [X] Other **Charter/School Bus** (Please Specify)

Health or special needs: Check as appropriate. **Public Transportation**

	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 any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care 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 ABC Unified School District, its officers, agents and employees harmless from any and all liability or claims arising out of or in connection with my child's participation in this activity.

_____ _____ Work (____) _____
Parent/Guardian Signature (Please Print Name) Home (____) _____
Other (____) _____

Home Address: _____ Age of Student _____
Number Street City Zip Code

_____
Medical Insurance Carrier Policy Number Address

In the event of illness or accident, please notify:

_____ _____
Name Relationship

_____ _____
Address Telephone(s)

7001-RM (2793) Rev. 5/01-131/141

Cerritos Cross-Country
Clovis Invitational
October 7-8, 2011

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 _____

Cerritos Cross-Country
Clovis Invitational
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I _____ give my permission for _____
Parent's Name Student's Name
to attend the Clovis Invitational on the dates of October 7-8, 2011. I agree not to take legal action in the event of reasonable and unforeseen accidents occurring, against 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 chaperones. I therefore release my child to attend Clovis Invitational from October 7-8, 2011.

I agree to allow my child to be transported from Cerritos High School to Fresno, CA and to be transported during the trip as necessary for workouts, activities, etc. and to be transported from Fresno, CA to Cerritos High School on the dates of October 7-8, 2011. I understand that any unforeseen accidents are not the responsibility of the employees or chaperones of the ABC Unified School District unless clear negligent behavior has been shown by such an individual. In addition, any athletes arrange their own transportation to or from Cerritos, CA to Fresno, CA are not the responsibility of the employees of Cerritos High School.

I agree to allow my child 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 _____ Date _____

Parent's Name (Print) _____

Student's Signature _____ Date _____

Student's Name (Print) _____