

**CONTRACT NAME: AGREEMENT BETWEEN SACRAMENTO
COUNTY OFFICE OF EDUCATION, SLY PARK
ENVIRONMENTAL EDUCATION CENTER AND DAVIS JOINT
UNIFIED SCHOOL DISTRICT**

BRIEF DESCRIPTION OF CONTRACT: Sly Park Environmental Education Center is an Outdoor Environmental Education Program located 60 miles east of Sacramento in the Sierra Nevada Mountains.

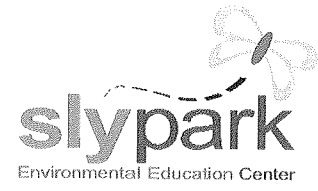
Students participate in a variety of activities with a focus on science enrichment. Sly Park provides lodging and food for students, chaperones and teachers for three, four or five days, depending upon the agreement with individual schools.

The cost of the program varies from \$165 to \$235 per student depending on the number of nights spent at the camp. Costs are paid through parent donations, PTA/PTO fundraising and school site contributions.

May 7, 2015

DAVIS JT. UN. SCH. DIST.
BUSINESS SERVICES

2015 MAY 11 AM 9:45



Davis Joint Unified School District
526 B Street
Davis, Ca 95616

RE: Sly Park Trip Reservation 2015/2016 School Year

Dear Superintendents,

We are excited that your schools have chosen Sly Park Environmental Education Center for their students during the 2015/2016 school year.

In order for your registered schools to participate in our Outdoor Education Program, we must have a Memorandum of Understanding (MOU) on file with your district. This MOU, which outlines the guidelines of our program and facilities, as well as the expected conduct of your representative staff and students, is included here for your review and signature.

In addition, we will need a Certificate of Liability Insurance from your district to cover your schools' participation. Please verify that the Certificate of Liability:

- States "Sacramento County Office of Education" as an additional insured during stays by your schools
- Is in the amount of \$2 million per occurrence
- Include a copy of the endorsement page

Please forward your signed MOU and Certificate of Liability Insurance to Sly Park. A fully executed copy will be returned to you for your records.

If you have any questions about your reservation, or if we can be of further service to you, please contact Shannon Clark at snclark@scoe.net.

Sincerely,

The Team at Sly Park Environmental Education Center

Memorandum of Understanding

Between

*Sacramento County Office of Education, Sly Park Environmental Education Center (Sly Park) and
Davis Joint Unified School District*

Whereas Sacramento County Office of Education, Sly Park Environmental Education Center (Sly Park) and Davis Joint Unified School District (District) understand and mutually agree to the following statements of understanding.

Section I – Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish and define the relationship between Sly Park and the District. Whereas Sacramento County Office of Education (SCOE) offers an Outdoor Environmental Education program at its Sly Park campus and the district desires the opportunity to offer participation in such program to its students.

Sly Park Environmental Education Center is located approximately 60 miles east of Sacramento in the Sierra Nevada Mountains. Site elevation is approximately 3500 feet in forested foothill terrain. Sly Park involves students in a variety of activities in all weather conditions, including rain, snow, and ice. Standardized, well-balanced meals are provided. Students sleep on bunks in cabins shared with other students. Bathroom facilities are located in the living quarters. The students reside at Sly Park for three, four, or five days.

Section II – Responsibilities

The District shall:

- A. Comply with the terms of this Agreement and the rules and regulations of Sly Park, as well as the rules and regulations of the USDA Forest Service, and all applicable County, State, and Federal laws. The District shall also require participating District schools to comply with this Agreement, the rules and regulations of the USDA Forest Service, and all applicable County, State, and Federal laws.
- B. Arrange for transportation of program participants, staff, chaperones, and their belongings to and from the Sly Park Campus.
- C. Provide and maintain during the District schools' stay on the Sly Park Campus, one (1) Certificated Teacher for each 34 students from the participating school.

- D. Provide adequate adult supervision for any children in attendance by maintaining an Adult Chaperone to Child ratio of one (1) adult for every 12 children; this shall include 1 female chaperone for each 12 female participants and 1 male chaperone for each 12 male participants.
- E. The District may utilize High School students, age 16-18, as Chaperones, but the minor Chaperones may not account for more than 50% of the 12:1 male or female chaperone ratio.
- F. Each District School Teacher, Adult Chaperone, and Minor Chaperone shall be available to assist in supervising students, at the direction of the Sly Park Director. In the event that a teacher or chaperone is not available, SCOE/Sly Park reserves the right to hire a SCOE approved individual to assist in supervision. Costs incurred for supervision services will be the responsibility of the District.
- G. Require District employees and Adult chaperones having contact with District students participating in the Sly Park Program to be fingerprinted and pass a criminal record background check.
- H. Agree to pay full program rate for adults residing on campus, who are not acting as a Visiting Teacher or Chaperone as outlined in Paragraphs C or D above or who are in excess of the appropriate ratio expressed therein.
- I. Ensure students are adequately prepared for resident life on the Sly Park Campus, including the possibility of inclement weather. Each Chaperone, Staff, and Student must furnish a sleeping bag, or blankets and sheets, as well as clothing appropriate for hiking activities and weather. Suggested supplies are included in **Exhibit A – Sly Park Packing List**.
- J. Ensure that the parent/guardian of each registered student completes and signs all required forms, included in **Exhibit B – Student Registration Form and Medication Authorization Form**.
- K. Provide Medical Care and/or Medication Administration to District Students while on the Sly park Campus in accordance with District procedures. Sly Park staff will not be responsible for administration of medication to students.
- L. Adhere to the Sly Park Visitor Policy included in **Exhibit C – Sly Park Visitor Policy**.
- M. Not discriminate on the basis of race, religion, sex, national origin, age, and/or handicap.
- N. Refrain from bringing any alcohol, tobacco, weapons, or illegal substances onto Sly Park Campus.

SCOE/Sly Park shall:

- O. Provide an Outdoor Environmental Education Program, including Curriculum and Outdoor Activities led by certificated instructors.
- P. Provide lodging and food for Students, Chaperones, and District Teachers participating in accordance with the adult to student ratios outlined in Paragraphs C and D above.
- Q. Through campus authority of Sly Park Director, maintain authority and responsibility with respect to the conduct of District schools and participants while attending Sly Park Environmental Education Program.
- R. Upon availability, accept requests to increase a District school's student attendance by an amount of up to 10% of the school's original reserved number of students when such request is made in writing ten (10) business days prior to arrival.

Section III – Campus Condition

- S. The District schools shall leave the Sly Park Campus in the same condition as when it arrived, reasonable wear and tear exempted and shall reimburse Sly Park for actual costs of any repairs necessitated by damage caused by the District's schools, pupils, chaperones, teachers, or other persons attending Sly Park in conjunction with the participating District School. Damage may also result in District or school being refused participation in the Sly Park Environmental Education Program in the future.

Section IV – Payment

- T. Participating Districts/schools shall be responsible for payment of a non-refundable deposit of \$20.00 per reserved student (\$50.00 per student for programs taking place on a Saturday or Sunday). Deposit will secure reserved week. Deposits not paid within 40 days of mailing of Deposit Invoice are subject to Reservation cancellation by Sly Park. Deposit is applied to final invoice.
- U. The District shall be billed and agrees to pay, for the actual number of students who attend Sly Park, but no fewer than 90% of the original number of students reserved.
- V. Programs receiving exclusive use of the facility have an additional requirement that their minimum payment will not fall below seventy-five (75) students.
- W. Should the District, or participating school, regardless of reason, make a decision to cancel a reservation which has been confirmed with a deposit, the District shall be billed and agrees to pay a cancellation fee equal to full program costs for 75% of the original number of reserved students.
- X. Program costs for 15/16 school year are to be as follows per student and adult in excess of ratio outlined in Section II, Paragraph D:
 - a. 5 Day / 4 Night Program: \$235.00
 - b. 4 Day / 3 Night Program: \$200.00
 - c. 3 Day / 2 Night Program: \$165.00
- Y. District agrees to approve and authorize to pay within 30 days all invoices submitted by Sly Park/SCOE associated with the execution of program responsibilities outlined in Section II, Paragraphs A -L.

Section VI – Indemnification

- Z. District agrees to hold harmless SCOE, Sly Park, employees, and agents against any and all claims, causes of action, damages, costs or liabilities resulting from the use of Sly Park described herein.

Section VII – Insurance

- AA. District shall maintain in full force and effect during program and occupation of Sly Park a comprehensive general liability insurance policy in an amount not less than Two Million Dollars (\$2,000,000.00) per occurrence. All insurance policies shall name SCOE, its officers, employees, and agents, as additional insured.
- BB. District shall furnish Sly Park with a copy of proof of insurance prior to Organization's occupancy of Sly Park.

Section IX – Non-Assignment

This Agreement may not be transferred or assigned without the express written consent of SCOE.

Section VIII-Termination:

MOU may be cancelled at anytime by mutual agreement of both parties under the condition that all invoices and outstanding obligations are paid in full before termination.

Upon signature, the duly authorized representatives of each party agree to the above statements of understanding.

Sly Park Environmental Education Center
5600 Sly Park Road
Pollock Pines, CA 95726

Davis Joint Unified School District
526 B Street
Davis, CA 95616

Kris Pamintuan Date
Director

Date
Superintendent

Sacramento County Office of Education
10474 Mather Blvd
Sacramento, CA 95826

Date

Exhibit A – Packing List

WHAT TO BRING	
<u>Required Items</u> Sleeping bag or 2 sheets & 2 blankets Pillow & pillowcase 2-5 pairs of pants 5 shirts 5 sets of underwear 5 pairs of socks (extra in winter) Pajamas 1 jacket or coat 2-3 sweaters/sweatshirts/hoodies Plain shirt for silkscreening Rain poncho or waterproof raincoat Gloves Beanie 2 pairs of hiking shoes Snow boots if snow is possible Bath towel, hand towel & washcloth Toothbrush & toothpaste Soap & shampoo/conditioner Comb or brush Water bottle 2 large plastic bags (for dirty clothes)	<u>Optional/Suggested Items</u> Fitted sheet Extra blanket Shower shoes/flip flops Slippers Lip balm Hand lotion Sunscreen Insect repellent (non-aerosol) Deodorant (non-aerosol) Backpack Disposable camera (digital cameras not recommended) Stamps for letters home Deck of cards Books/magazines Non-electronic games Flashlight Earplugs
Watch the weather reports and pack accordingly	

DO NOT BRING
Knives or dangerous objects Clothing inappropriate for school Aerosol sprays Valuable items Cell phones Candy, gum, snacks Hair dryers, curling irons, or straighteners

If your child leaves something behind call 916-228-2485.
Sly Park is not responsible for lost, misplaced, or stolen items.



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STUDENT REGISTRATION FORM

Student Name: _____	School: _____
Address: _____	Teacher: _____
City: _____ Zip: _____	Date of Birth: ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Health Insurance Co.: _____	Policy Number: _____
Parent/Guardian Name: _____	Cell/Home Phone: _____
Attending as Chaperone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone: _____
Which days?: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	
Parent/Guardian Name: _____	Cell/Home Phone: _____
Attending as Chaperone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone: _____
Which days?: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	

PERSONS TO CONTACT IN AN EMERGENCY IF PARENT/GUARDIAN CANNOT BE REACHED:

Name: _____	Cell/Home Phone: _____
Relation to Student: _____	Work Phone: _____
Name: _____	Cell/Home Phone: _____
Relation to Student: _____	Work Phone: _____

STUDENT HEALTH INFORMATION

Does the student have a **recent** history of any of the following? Check if "yes"

Allergies to: <input type="checkbox"/> Bee stings/insect bites <input type="checkbox"/> Food: _____ <input type="checkbox"/> Medication: _____	Other: <input type="checkbox"/> Exposure to any contagious disease (chicken pox, measles, etc.) during the last month: _____ <input type="checkbox"/> Fainting <input type="checkbox"/> Heart Condition: _____ <input type="checkbox"/> Epilepsy or seizure disorder Date of last seizure: _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Recent broken bone or surgery: _____ <input type="checkbox"/> Recently ill: _____
Other: <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Headaches <input type="checkbox"/> Migraines <input type="checkbox"/> Sleepwalking <input type="checkbox"/> Bedwetting <input type="checkbox"/> Bowel Problems/Constipation	
Is there any medical reason for limiting or accommodating your child's activities?: _____	
Are your child's vaccinations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last tetanus shot: _____	

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Student Name: _____

School: _____

PHOTOS

Sacramento County Office of Education (SCOE) and/or Sly Park Environmental Education Center (Sly Park), or representatives from the media or other education-related groups, may wish to photograph and/or interview students in connection with the Sly Park program.

By signing below, I give permission for my child (named above) to be photographed, videotaped, and/or interviewed by SCOE, Sly Park, Friends of Sly Park, representatives from the media, or other education-related groups for the purpose of publicizing SCOE and/or Sly Park, developing educational materials, or reporting on SCOE and/or Sly Park events of community interest. I relinquish all rights or interest in any photograph, recording, film, or tape which may be used for educational purposes or any other lawful purpose.

➡ **Parent/Guardian Signature:** _____ **Date:** _____

AUTHORIZATION FOR STUDENT ATTENDANCE AT SLY PARK ENVIRONMENTAL EDUCATION CENTER

STUDENT BEHAVIOR STANDARDS

To have a safe and enjoyable stay at Sly Park Environmental Education Center, every student is expected to adhere to the rules and standards of behavior listed below:

1. Be respectful to other students, teachers, cabin chaperones, and staff; be respectful of the environment and the facilities.
2. Be courteous and polite at all times.
3. Leave the following items at home: food, candy, gum, cell phones, electronics, and weapons.
4. Stay within the Sly Park boundaries unless accompanied by a teacher. Walk at all times.
5. Do not enter any other cabins other than the student's assigned cabin. Do not take other people's belongings.
6. Do not fight or use inappropriate or offensive language. Do not push, shove, or hit another person.
7. Listen to and follow the directions of the cabin leader and all teachers.
8. Follow all Sly Park safety rules.

Failure to follow standards set at Sly Park Environmental Education Center will result in disciplinary measures up to and including the student being sent home at the expense of his/her parent/guardian.

TRANSPORTATION

By signing the AUTHORIZATION below, I acknowledge that I may be contacted to transport my student home due to illness or misconduct.

STUDENTS WITH SPECIAL NEEDS OR CONDITIONS

If a one-on-one aide is required, either the school or the parent will provide said aide to accompany the child at all times. If specialized physical healthcare services are required, either the school or the parent will provide said services.

MEDICAL TREATMENT

If a serious emergency arises, it might be necessary for a physician to attend to your child before the staff can contact you. Such care can be provided only if you sign the AUTHORIZATION below.

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 supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, as a parent or guardian of a student who will be attending Sly Park Environmental Education Center (Sly Park), I understand that Sly Park, being an outdoor school, is not the same physical environment as a traditional school. There are certain inherent hazards associated with attending Sly Park, including natural and man-made conditions at the site which may result in physical injury, harm, damage or death. I understand that Sacramento County Office of Education makes no warranty or guarantee of my/my child's safety or security.

I hold Sacramento County Office of Education, its officers, agents and employees, harmless from any and all liability or claim which may arise out of or in connection with my/my child's participation in Sly Park and I waive all claims against Sacramento County Office of Education for injury, accident, illness or death occurring during or by reason of my/my child's participation at Sly Park (Education Code 35330).

Sly Park Environmental Education Center is located approximately 60 miles east of Sacramento in the Sierra Nevada Mountains. Site elevation is approximately 3500 feet in forested foothill terrain. Sly Park involves students in a variety of activities in all weather conditions, including rain, snow, and ice. Standardized, well-balanced meals are provided. Students sleep on bunks in cabins shared with other students. Bathroom facilities are located in the living quarters. The students reside at Sly Park for three, four, or five days.

I have read and completed both sides of this form. I understand the unique nature of Sly Park Environmental Education Center and its activities. As the parent/legal guardian of the above named student, by signing this AUTHORIZATION I hereby give permission for my child to participate in the Sly Park Environmental Education program.

➡ **Parent/Guardian Signature:** _____ **Date:** _____

FIELD TRIP MEDICATION AUTHORIZATION FORM

**PLEASE COMPLETE BOTH
SIDES OF THIS FORM**

Student Name: _____ Date of Birth: _____ Allergies: _____
 School: _____ Teacher Name: _____ Field Trip Dates: ____/____/____-____/____/____
 Parent/Guardian Name(s): _____ Parent/Guardian Phone Number(s): _____

If you are sending prescriptive or non-prescriptive medication, vitamins, supplements, etc., for your student then you *must*: 1) indicate the type of medication/s, vitamins, supplements, etc., below; 2) sign where indicated; and 3) obtain your doctor's signature. **PLEASE NOTE:** You must ensure that all medications are FDA approved for use in this manner, properly labeled, and *in their original containers*. For students to be given these medications **BOTH** parent **AND** physician signatures are required at the bottom of this form.

SECTION 1: PRESCRIPTION MEDICATION

Medication	Dose	Method (e.g., by mouth, etc.)	Time(s)	Possible side effects that need to be reported to the physician (e.g., allergic reaction)	Permission to carry?

SECTION 2: OVER-THE-COUNTER (OTC) MEDICATION(S)

The above named student is approved to use the following medications in accordance with the directions on the packaging. Parent/Guardian to check yes or no. **PLEASE NOTE: OTC medication(s) will NOT be administered without parent and physician signatures.**

STUDENT AGE: _____

STUDENT WEIGHT: _____

Medication	As Needed for	Yes	No	Medication	As Needed for	Yes	No
Ibuprofen/Motrin/Advil	Pain			Antiseptic Towelettes	Wound Care		
Acetaminophen/Tylenol	Pain			Antibiotic Ointment	Cut or Abrasion		
Diphenhydramine/Benadryl	Allergic Reaction/Rash			Hydrogen Peroxide	Wound Care		
Cough Drops	Cough or Sore Throat			Anti-Itch Lotion	Itching		
Decongestant	Stuffy Nose			Insect Bite/Sting Relief	Bug Bites		
Antacid	Upset Stomach			Petroleum Jelly	Dry Skin/Chapped Lips		
Saline Eye Wash	Eye Irritation			Burn Relief Cream	Sunburn		
				Sunscreen	Sun Protection		

Comments: _____

SECTION 3: STUDENT RESTRICTIONS

Is there any reason for limiting or accommodating your student's activities? (e.g., Asthma, Weight Restrictions etc.): _____

Please list any food allergies, dietary restrictions or concerns: _____

SECTION 4: PARENT CONSENT AND AUTHORIZATION

I (we), the undersigned, the parent(s)/guardian(s) of the above named student, request my (our) student be assisted with or administered the medication listed above in accordance with the California Education Code.

- I will:
1. Provide all prescription medications, supplies and equipment.
 2. Notify the school if there is a change in the student's health status or attending physician.
 3. Notify the school immediately and provide a new consent for any changes in the doctor's orders.
 4. I ACKNOWLEDGE IF MY STUDENT HAS PRIOR WRITTEN PERMISSION TO CARRY AND ADMINISTER HIS/HER OWN MEDICATION (i.e., Inhaler, Epi-Pen, Glucagon) IT MUST BE ON HIS/HER PERSON IN ORDER TO ATTEND A FIELD TRIP.

I authorize the school to communicate with the Authorized Health Care provider when necessary in regards to the above medication/medical condition.

I hereby authorize a school nurse or trained unlicensed designated school personnel to administer or assist in the administration of the above prescription medications, over-the counter medications (as needed), and/or first-aid treatment (as needed).

➡ **PARENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____

SECTION 5: PHYSICIAN CONSENT AND AUTHORIZATION

My signature below provides the authorization for the above written orders. I understand that all procedures will be implemented in accordance to CA state laws and regulations. I understand that a school nurse or trained unlicensed designated school personnel may administer or assist in the administration of the above medication/s. This authorization is valid for one year. If changes are indicated, I will provide new written authorization (may be faxed).

➡ **PHYSICIAN SIGNATURE:** _____ **DATE:** _____ **STAMP:** _____

Student Name: _____ Date of Birth: _____ Allergies: _____
School: _____ Teacher Name: _____ Field Trip Dates: ____/____/____ - ____/____/____
Parent/Guardian Name(s): _____ Parent/Guardian Phone Number(s): _____

FTMAF pg. 2 KP 4/2015

Exhibit C – Visitor Policy

Sly Park Environmental Education Center Visitor Policy

School Principals, Vice Principals, and other school personnel may visit the Sly Park Environmental Education Center during the week their students are on site.

All visitors must call ahead of time to arrange their visit. Visitors must check in at the office and wear a “Visitor” badge while on site.

Visiting teachers and Sly Park staff may have family members visit the Sly Park Environmental Education Center under the following conditions:

Visitations are prearranged with the Director of Sly Park Environmental Education Center at least two weeks prior to the school’s visit.

The Sly Park Environmental Education Center has not maxed out its occupancy.

Visiting family member visitations take place in Mountain Misery and/or the Dining Hall after signing in at the office. All visitors must wear a “Visitor” badge while on site.

Visiting family member’s children are under the constant and direct supervision of *a parent other than* the visiting teacher or program teacher.

All visiting family members stay no longer than two hours at any one time.

All visiting family members must leave the premises ***prior to 6pm.***

Any visiting teacher’s family members staying for a meal will be charged the following (per person):

Breakfast = \$5.00

Lunch = \$7.00

Dinner = \$10.00

The Sly Park Environmental Education Center staff reserves the right to revoke any and all visitations if the above-stated conditions are not adhered to, if the presence of family members creates a safety issue, or if the presence of family members is interfering with the visiting teacher or program teacher’s ability to carry out their assigned duties.