# LA CAÑADA UNIFIED SCHOOL DISTRICT REQUEST FOR APPROVAL OF SCHOOL SPONSORED ACTIVITY

TO: Superintendent FROM: LCHS Wrestling: Coach Justin Luthey DATE: 8/31/18
Activity Name and Destination: Rim of the World Wrestling Tournament
Address: Rim of the World HS, 27400 CA-18, Twin Peaks, CA 92391
Date(s) of Activity: Nov. 30-Dec. 2
School(s): LCHS, Rim of the World, 14 others
Number of Students Attending and Grade Level or Group: 20 (grades 9-12)
Supervising Certificated Employee(s): Justin Luthey
How many administrators attending? 0 How many teachers attending?1
Adult to Student Ratio: 1-4 Employee to Student Ratio: 1-7
How many substitutes?0 How many days?0 Charge Substitute to:NA
Rationale for activity:  A) Explain the educational value and relate to the instructional program or sponsoring organization and Policy  1100.
This will be the wrestling team's annual in-season overnight trip. We have found it useful in terms of competition, elevation training, preparation for playoffs and team bonding. It is an appropriate level tournament for us and will also serve as high elevation training.  No girls on this trip. Parent chaperones and two-four coaches.
B) Explain impact on instructional time and justification for any time lost.
No time lost. Will leave Friday after 6th period.
C Complete Itinerary: Please be specific and include detailed activity time periods for each day. (Attach additional page(s) if necessary.)
11/30 - 2pm - practice, 4pm -depart for Lake Arrowhead 12/1 - 7am - wake up and leave for HS, 9am - wrestling begins, 5pm - wrestling concludes, team dinner 12/2 - 9am - wake up, breakfast and head home

#### REQUEST FOR APPROVAL OF SCHOOL SPONSORED ACTIVITY

Destination/Date(s):1	1/30 - 12/1, 2018
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#### **COMPLETE COST BREAKDOWN**

Complete Cost Breakdown Per Student	<u>Am</u>	ount	Group Cost	4 0 4 <b>A</b>	m <b>ount</b>
Registration:	\$	0	Registration	\$	250
Housing:	\$ 0 Housing		\$	200	
Transportation Method:	\$		Transportation	\$	330
Miscellaneous Expenses:	\$	0	Miscellaneous Expenses	\$	0
Meals:	\$	25	Meals	\$	0
Total Student Cost	\$	25	Total Group Cost	\$	780

## Source of Funds:

Transportation would come out of the transportation and bus budget. The rest would be supported by team donations and fundraising.

How is financial assistance provided to students in need:

I will pay for meals for any students that cannot afford meals.

If this activity is not planned for all your students, what learning activities will be planned for the students or classes that remain in session? Please attach lesson plans.

N/A

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Approved: Principal	Date
Approved Superintendent or Designee	9-6-18
Approved Superintendent or Designee	Date
* 17	



### **CONTRACT FOR ATHLETIC CONTESTS**

This contract may be used in arranging non-league and tournament interscholastic athletic contests. Regular league schedules are official and binding on said league members and do not require individual contract. Please refer to Blue Book rules 150-153.

This CONTRACT is made and subscribed to by the principals and ahtleteic administrators of

F	Rim of the Wor	¹ld	High School and			High School		
fo	r Coed		contests in	Wrestling	to be played	as follows:		
		or Gir <b>i</b> s')		(Name of Sport)	to be played	• .		
LEVEL Varsity Jr. Varsity Soph Frosh Frosh-Soph		SITE he World Hig	n School	DATE 12/1/2017		STARTING TIME 7am weigh-ins:		
REMARKS:		ble eliminatio spitality meal		line or fax - done by comm	nittee to save time (I	mi.0catch.com)		
			FINANCIA	L ARRANGEMENTS				
A. General	Admission			\$5.00 F. Faculty Passes I	banared Both Schoo	ols yes		
	tudents WITH	ASB Cards		\$2.00 G. Advance Sale P		no no		
	Students WITI		· · · · · · · · · · · · · · · · · · ·	\$2.00 H. Visiting Band in				
•	(Both Schools			\$5.00 With Advisor		no		
E. Children		,		\$3.00 I. Visiting Pep Squa	ads Admitted Free	<del></del>		
				With Advisor		no		
ADDITIONA	L FINANCIAL	TERMS:	\$250,00 entry fee pe	r varsity team 8+ 2 coach	and 2 stats - 30.00	per individual		
Make check	payable to: R	im Wrestling		ntract to: PO Box 73, Blue		Aller Grande and the Control of the Control		
MEDICAL R	RESPONSIBIL	ITY:	Responsibility of own	n team, ice upon request				
OTHER AR	RANGEMENT	S:	Weigh-ins 7-8 am *S	Seeding Meeting 8 am **W	restling 9 am ***Co	aches Lunch		
Return to HOST SCHOOL by: ***Pate Ferrara 909-49			496-6442					
Southern S	Section of wh	ich the cont		rulings of the California members. These regula ts.				
	HOST S	CHOOL INFO	RMATION	VISI	TING SCHOOL INF	ORMATION		
School Nan	• •		Vorld High School	School Name	<u></u>			
School Add		(see above	for address to mail)	School Address				
School Pho		909-336-20		School Phone Num				
School Fax	Number	909-336-02	17	School Fax Number	<u></u>			
	•							
Host School Principal's Signature			Visiting School Prin	cipal's Signature				
Derek Swer	n							
Host School Athletic Administrator's Signature			Visiting School Athle	Visiting School Athletic Administrator's Signature				
Date:				Date:	Date:			
Ryan Reisb	ord	·						
NOTE: Al	I contracts to	be valid mu	st be signed by the	principal and the athleti	c administrator at	each school. When the		

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principal and athletic administrator of one of the contracting schools is new to the school, he should be notified of

existing contracts before the beginning of the season.