La Costa Canyon High School Foundation

Camp Procedures

By May 1st each year complete the following package:

1. Submit W-9 for all coaches receiving a stipend
2. Submit Insurance Request. Please make sure every line is filled in properly and completely – One for each Camp
3. Submit Independent Contractor Agreement – Must have one for every coach receiving stipend
4. Submit Limited Liability Waiver
5. Submit Facility Request Form
6. Submit Camps and Clinics Budget Worksheet Estimate

Note: If an additional activity is added to schedule, a request to add activity must be submitted 45 days prior to activity date.

During and Upon Completion of Camp:

Team Liaison

1. Will collect all monies for the camp, complete deposit form and submit to the Foundation Office.
2. Will submit check request for all camp expenses to the Foundation Office.
3. Will complete Camps and Clinics Budget Worksheet and submit with final activity deposits and check request.
4. In consultation with the Foundation Office will determine available funds for payment of coaches.
5. Will inform Head Coach of available for funds for payout and request invoice be submitted by each coach.
6. Will submit final check request for payment of coaches.

Note: A Camps and Clinics Budget Worksheet must be turned in before any stipends to coaches will be made.
LA COSTA CANYON HIGH SCHOOL FOUNDATION
CAMPS, CLINICS, TOURNAMENTS & SPECIAL EVENTS
POLICIES

The purpose of all camps, clinics, tournaments and special operating under the name of the La Costa Canyon High School Foundation is to help support the operating budget for the respective Athletic Team. Under the IRS 501(3)c non-profit status of the LCCHS Foundation, funds received cannot be used for the purpose of profit. If it is, then this income is perceived as taxable. Therefore the Activity policies have been developed in order to facilitate this status, yet offer cost free use of district facilities, and give the athletic teams a fundraising opportunity for their program. This policy may include activities that are not school or district sponsored and outside of the regular CIF schedule/season for a particular sport.

1. The Athletic Team benefiting from the activity will be responsible for all expenses incurred relevant to the activity, including but not limited to, liability insurance, custodial fees, referees, equipment, clothing, invitations/flyers, awards or any other direct expense of the activity. The team liaison in coordination with the Coach and AD shall provide a budget of projected revenues vs. expenses with specifics so the Foundation bookkeeper and ED can monitor the event. Any changes to the tenured revenue and expense projections should be presented to the ED as soon as the liaison and coach are aware of the discrepancy. The Foundation bookkeeper is responsible for directly paying all expenses from gross income generated from the activity.

2. A 5% administrative fee will be assessed on the gross proceeds of the activity. This fee is to be considered a direct expense of the activity/program. The net profit is established only after all expenses mentioned in #1 above have been paid. Fifty-one percent of the net proceeds must benefit the sponsoring team activity. For any questions on the Foundation office roles in Camps and Clinics, please see the attached document.

3. Stipends may be paid to a coach or coaches who supervises or acts as the activity director of the activity. The combined total of all stipends may not exceed 49 percent (49%) of the net proceeds. (As addressed in #2 above). It is not the intent that any one person profit from these activities. In the event that a Specialty Coach is necessary, he/she may be hired on a one time, one day basis, and this will be reflected in Activity Expenses. The specialty coach cannot be used for the entire length of the Activity. All other coaches must be paid from the 49% remaining net proceeds.

4. Stipends will be paid upon completion of the activity, and upon receipt of a Check Request form fully completed and executed by the designated parent liaison. There will be no exceptions. Anyone receiving monies in excess of $600 a year from the Foundation in its entirety shall receive a 1099 for the total as paid in every calendar year. Please see attached Camps and Clinics Budget Worksheet for help.

5. All activities must have parent volunteers (liaisons) who will be responsible for collecting monies.
6. All LCC coaches responsible for conducting the activity for the period June 15 (or last school day of the year) through July 1 of the following school year, must present their calendars for the activity to the Foundation office no later than May 1 to obtain special athletic event insurance. This insurance will be obtained by the Foundation, covering liabilities up to $1,000,000. These calendars must be submitted in conjunction with booster group’s proposed budget for next fiscal year.

   The specific information needed for insurance includes but may not be limited to: Name of activity, name and phone number of coach, # of coaches, # of participants, ages of participants, duration of activity – day, week, month (See Checklist)

7. All coaches and non-student assistants working directly with student athletes must comply with the La Costa Canyon High School Foundation Independent Contractor Agreement.

8. All Athletic Teams and coaches must submit to the Foundation the fully completed Activity Package.

9. In accordance with LCCHS Foundation policies, contracts with vendors, sponsors or any outside group can only be signed by the Foundation Executive Director. Parents nor coaches/staff members are authorized to bind the Foundation in contractual agreements.
LA COSTA CANYON HIGH SCHOOL FOUNDATION
CAMP, CLINIC AND TOURNAMENT

INSURANCE REQUEST

To ensure that you, your students, and volunteers are adequately insured for participation in the camps, clinics and tournaments that you have planned for the upcoming year, please fill out the form below and return it to the Foundation office by **May 1st**.

*Camps, clinics, and tournaments may not be conducted without proper liability and medical insurance.*

If you are planning more than one camp, clinic, or tournament, photocopy this form and complete one form for each activity.

If you have any questions regarding your group’s activity and your sports season of play, please contact Dale Jaggers (760-436-6136 ext. 6331) for clarification.

Please complete in full and type or print clearly in pen. Thank you.

NAME OF CAMP/CLINIC/TOURNAMENT ________________________________

START DATE(S) ___________________ END DATE(S) ____________________

NUMBER OF DAYS ___________________ TIME(S) ____________________

LOCATION(S) 1. ________________________________

2. ________________________________

3. ________________________________

PARTICIPANT AGES ___________ EXPECTED NUMBER OF PARTICIPANTS _________

NUMBER OF COACHES _________ NUMBER OF VOLUNTEERS _________________

ANTICIPATED NUMBER OF SPECTATORS ________________________________

CONTACT __________________________ PHONE __________________________

E-MAIL ___________________________ FAX ________________________________

RETURN COMPLETED FORM TO FOUNDATION OFFICE – ADMIN BUILDING
OR MAIL TO LCC FOUNDATION, ONE MAVERICK WAY, CARLSBAD CA 92009
La Costa Canyon High School Foundation
INDEPENDENT CONTRACTOR AGREEMENT

This Agreement is entered into on this ____ day of ____________, 20___ by and between

________________________________________, an independent contractor, and the La Costa Canyon High School Foundation.

Terms of the Agreement

Prior to contact with student/athlete contractor agrees to:
• Be fingerprinted at the San Dieguito Union High School District.
• Show proof of First Aid training, CPR training and current TB test.
• Show proof of personal medical insurance.
• Perform service in accordance with the Code of Conduct as identified below. Please note: Failure to comply with the Code of Conduct is grounds for immediate termination of this agreement.
• Show proof of automobile insurance if transporting students.
• Complete IRS Form W9 for LCCHSF records (available in Foundation office).
• Submit a complete invoice for services at completion of the service.

La Costa Canyon High School Foundation agrees to:
• Pay contractor according to previously agreed upon fee for services (outlined below) within one week of receipt of invoice.
• Complete IRS Form 1099 if the contract for the calendar year exceeds $600.

CODE OF CONDUCT
When performing services for La Costa Canyon High School and Foundation, either on or off campus, the contractor will not:

1. Use racially derogatory language.
2. Use inappropriate or vulgar language.
3. Use sexual nuances, actions or language.
4. Use alcohol, tobacco, or any other substance in presence of students
5. Make sexual advances to any student.
6. Jeopardize a student’s health and/or wellbeing. For example: A coach will not put an injured student into a game against the advice of the trainer.

The contractor will, at all times:

1. Dress appropriately.
2. Treat each player equally and with respect.
3. Put the student’s safety before winning.
4. Effectively communicate with LCCHS athletic director and booster group liaison
5. Represent self, La Costa Canyon High School and Foundation beyond reproach.

Either party may terminate this agreement at any time; the service provided from the last billing period to the time of the agreement’s termination will be billed to, and paid by, La Costa Canyon High School Foundation.

Service to be performed ____________________________________________

Length of service to be performed ________________________________

Dates beginning and ending ________________________________

Fee for service $ _____________________. To be completed upon completion of contract, based on 49% to be split among coaching staff stipend.
La Costa Canyon High School Foundation

LIMITED LIABILITY WAIVER

The LCCHS Foundation disclaims any and all liability for any harm, loss, or damages suffered by any student, parent, coach by any student, parent, coach, administrator, parent group liaison, booster group, or other third party, by reason of, or caused by, or related to, the failure to screen, properly hire, manage or supervise any person, employees, or agents of any camp/clinic/tournament, including but not limited to, coaches, assistance coaches, parents, parent liaisons, or booster groups.

I certify that I have read, and that I am in agreement with, the terms as outlined above.
I agree to adhere to the Camps, Clinics, and Tournament Policies and Procedures.

Name ___________________________________________ Phone __________________________

Day __________________________ Evening __________________________

Address ___________________________________________ City __________________________ Zip

Signed by: ___________________________________________

Contractor __________________________ Team Liaison __________________________

Signed by: ___________________________________________

Authorized Representative of LCCHSF __________________________ Title __________________________

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ATTACHMENTS:

• Completed IRS Form W9

Copy of:

• Proof of fingerprinting
• CPR certificate
• First Aid certificate
• TB Test
• Proof of personal medical insurance
School Information

☐ CCA  ☐ CV  ☐ DNO  ☐ EW  ☐ OC  ☐ LCC  ☐ SDA  ☐ SS/NC  ☐ TP

Facility: ____________________________

Date(s): ____________________________ Time: __________ AM __________ PM

(Above must include any set-up and clean-up time)

Set-Up Instructions: ______________________________________________________________

(Attach diagrams if necessary)

Applicant Information

Group Name: ____________________________ Contact Name: ____________________________

Address: ____________________________ City & Zip: ____________________________

Phone: ____________________________ Fax: ____________________________ Email: ____________________________

Number of Participants: ______ Purpose: ____________________________________________

Is the activity open to the general public? ☐ Yes ☐ No Is Applicant a non-profit organization? ☐ Yes ☐ No

Admission fee charged or contributions solicited? ☐ Yes ☐ No

If yes, for what purpose will proceeds be used? ____________________________________________

Applicant hereby agrees to abide by and to enforce the rules, regulations, and policies of the Board of Trustees of the San Dieguito Union High School District governing the use of school facilities as printed on the reverse side hereof and will provide timely notice if a change occurs or a cancellation of the activity becomes necessary.

The undersigned declares under penalty of perjury that, to the best of his/her knowledge, the school property for the use of which application is hereby made will not be used for the commission of any act which is prohibited by law, or for the commission of any crime.

As a material part of the consideration due the District, the Applicant agrees to defend, indemnify, and hold harmless the San Dieguito Union High School District, its Board of Trustees, its officers, employees and agents for any loss, injury, death, damage, cost or expense, including attorney's fees, that may arise during or out of the Applicant's use or occupancy of the District's facilities unless such loss, damage, cost or expense arises out of the sole negligence of the District in its ownership or maintenance of the property.

The undersigned, certifies that all information provided herein is correct and, if the undersigned is signing this form on behalf of an organization, that the undersigned is authorized to enter into such agreements and bind the organization on its behalf.

Applicant Signature: ____________________________

Date of Application: ____________________________ Title: ____________________________
Foundation’s Roles for Camps and Clinics:

- Foundation 501c(3) status and District relationship enables all coaches to use Facility for free.
- Foundation Executive Director Updates/Sends all forms.
- Foundation Executive Director Collects all Coaches Forms/Facility Requests.
- Foundation Executive Director Creates Excel Spreadsheet to Track all Camps/Clinics.
- Foundation Executive Director works with District Office to ensure all Coaches/Helpers are cleared to work with students at Camps.
- Foundation Executive Director Creates Days/Hours/Liability Formula to help cut Insurance cost.
- Foundation Executive Director secures Insurance for all Camps/Clinics.
- Foundation Executive Director and Bookkeeper collects and files all W-9’s for coaches/helpers.
- Foundation Executive Director creates PayPal Links for Camps.
- Foundation Executive Director Processes all PayPal payments for Camps and files them with respective Foundation Liaisons.
- Foundation Executive Director collects and files Camp Payments and Registration forms to respective Foundation Liaisons.
- Foundation Liaisons create budgets for Camps.
- Foundation Liaisons collect money and rosters for camps.
- Foundation Liaisons Deposit all checks for camps.
- Foundation Liaisons fill out check requests for camps.
- Foundation Bookkeeper collects and processes all check requests and checks for camps.
- Foundation Bookkeeper collects and makes all deposits for camps.
- Foundation Bookkeeper records all camp monies in Quickbooks.
- Foundation Bookkeeper transfers all PayPal/Square money into Sport Foundation accounts.
- Foundation Bookkeeper tracks all W-9’s in Quickbooks and processes all 1099’s for payment.
- Foundation Bookkeeper tracks all Camp Income/Expense to properly make coaches payments according to District-wide 51/49 policy to ensure IRS compliance status as a non-profit and to avoid all Unrelated Business Income Taxes.
- Foundation works with other Executive Directors/Foundations to keep consistent guidelines and policies across all District schools and coaches for Camps/Clinics.
# Camps and Clinics Budget Worksheet

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Income*</td>
<td></td>
</tr>
<tr>
<td>Expenses**</td>
<td></td>
</tr>
<tr>
<td>General Camp Expenses</td>
<td></td>
</tr>
<tr>
<td>Camp Insurance</td>
<td></td>
</tr>
<tr>
<td>Total Expenses</td>
<td></td>
</tr>
<tr>
<td>Net Profit (Gross Income minus Total Expenses)</td>
<td></td>
</tr>
<tr>
<td>Profit to Program (51% of Net Profit)</td>
<td></td>
</tr>
<tr>
<td>Stipend to Coaches (49% of Net Profit)</td>
<td></td>
</tr>
<tr>
<td>Foundation Admin Fee (5% of Gross Income)</td>
<td></td>
</tr>
</tbody>
</table>

*All monies collected for Camp.

**Specialized Instructors cannot be considered an Expense. They must be paid out of “Stipend to Coaches”.

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*Gross Income*: 

*Expenses*:

- General Camp Expenses: 
- Camp Insurance: 

**Total Expenses**: 

*Net Profit (Gross Income minus Total Expenses)*: 

*Profit to Program (51% of Net Profit)*: 

*Stipend to Coaches (49% of Net Profit)*: 

*Foundation Admin Fee (5% of Gross Income)*: