



## FIELD TRIP AUTHORIZATION FORM

Requests must be submitted to your campus Principal at least 8 weeks prior to the date of the proposed field trip. A copy of the Principal-approved request form must be submitted to the Central Administration Office for final Director of Program approval no less than 4 weeks prior to the field trip date. Teachers are encouraged to provide additional printed information relative to the field trip destination whenever available. Trips are always conditionally approved contingent upon a confirmed list of field trip drivers being provided to the Principal no later than 1 week prior to the trip date. The Director of Program may describe other contingencies as necessary.

Teacher Name: Jill Kakilala Date: 7/30/14 Grade(s): 7/8  
Classroom: Saber Toothed Cats Campus: Capitol

Destination of Proposed Field Trip: Ashland, OR

Address: Southern Oregon University/1250 Slakdyon Blvd. Ashland Oregon 97520-Oregon Shakespeare Festival/155 Pioneer St., Ashland, OR 97520

SOU: Peter Erik Elordi & Tim Robltz OSF: Group Sales SOU: (541) 552-6375 & (541) 552-6377 OSF: (541) 488-5406  
(Contact Name) (Contact Phone #)

Cost per Student: \$ 300.00 Date(s) of Proposed Field Trip: 4/29/15-5/1/15

Departure from Campus Time: Day 1 (6 AM) Return to Campus Time: Day 3 (6 PM)

Date first payment needs to be made to vendor: \_\_\_\_\_

Date of Parent Chaperone Meeting: Friday, April 17, 2015 3:30 PM

The field trip is:  walking class trip  local/day trip  over night: 2 # nights  out-of-state\*  
\*Out-of-state field trips must be pre-approved by the Governing Board prior to booking. Please contact the Central Administration Office to learn more about the Governing Board meeting schedule.

Title/Description of Field Trip: (Note that walking class trips may be requested as a "standing approval" for events such as regular park outings, monthly library trips, etc. If requesting a "standing approval", please indicate all proposed dates of participation on one request form).

Literacy-Historical Cultural Trip

How will this field trip support the students' learning and how does it tie into the curriculum?

Arts Enrichment/Cultural Appreciation

Literacy Appreciation/Historical Perspective (Renaissance Artist)

Projected # of students participating: 45 Projected # of students not participating: 0

Projected student participation rate: 100 %

Comments about student participation rate: Contingent upon student's behavior prior to trip dates

What is the alternative on-campus placement plan for students who will not be attending this field trip and how has this been communicated to parents? (If a substitute teacher is required for alternative on-campus placement, this cost must be factored into the total field trip cost.)

Placement in lower EL/Upper EL classrooms with pre-assigned work.

**Adults to Student Ratio:**

Tk/K-3<sup>rd</sup>: # of Adults \_\_\_\_\_ per # of Students \_\_\_\_\_ (guideline is 1 Adult per 4 Students)

4<sup>th</sup>-6<sup>th</sup>: # of Adults \_\_\_\_\_ per # of Students \_\_\_\_\_ (guideline is 1 Adult per 5 Students)

7<sup>th</sup>-8<sup>th</sup>: # of Adults 1 per # of Students 5-6 (guideline is 1 Adult per 7 Students)

**Fundraising Plans to Offset Cost:** Recycling, cookie dough, Kids Night Out, Community Breakfast

**How will transportation be provided?** Private Cars (Parent's cars or charter bus)

**Will the students engage in high-risk activities (i.e. ropes course, kayaking, etc.)?** Check one:  Yes  No

If Yes:

- Please list activities Swimming
- Complete and Attach the Philadelphia Insurance Companies Special Event Questionnaire
- Attach a venue flyer and/or description of event
- Note: Parent/Guardian must sign a CMP Release of Liability in addition to the FT Permission Form.

**Is venue requesting a Certificate of Insurance?** Check one:  Yes  No

If Yes:

- Include a copy of the contract outlining their insurance requirements.
- Note: You may need to request a copy of the venue's Certificate of Insurance as well and provide a copy to Central Admin.

**Please fill out and attach the Field Trip Emergency Plan with this Authorization Form**

**Approval Process:**

1. **Principal's Pre-Approval Required for Field Trip:** Check one:  Approved  Denied

Bernie Evangelista 7/31/14  
Principal Signature Date

2. **Central Admin AA Review:** Initials: CA Date: 8/5/14

3. **Student Services Coordinator Review:** Check one:  Approved  Denied

James Hatley 8/6/14  
Student Services Coordinator Signature Date

4. **Director of Program Approval Required for Field Trip:** Check one:  Approved  Denied

Michele Slankovich 8-6-14  
Director of Program Signature Date

**Contingent upon:** \_\_\_\_\_

5. **Board Approval Required for Out-of-State Field Trip:** Check one:  Approved  Denied

[Signature] 8/11/14  
Governing Board Chairman Signature or Designee Date



Campus: Capitol

Date(s) of Field Trip: 4/29/15-5/1/15

### Field Trip Emergency Plan

(Please fill out and include with Field Trip Authorization Form)

Teacher Name: Jill Kakilala Classroom: Saber Toothed Cats (MS)

Destination of Field Trip: Ashland Oregon (SOU & OSF)

Contact Name and Phone Number: SOU: Tim Robitz (541) 552-6375 OSF: Group Sales: (541) 488-5406

Emergency CMP Contact #1: Richard Stanley (916) 616-9353 #2 Jill Kakilala (916) 601-1981  
Name & Phone Number Name & Phone Number

Teacher responsible for making decisions regarding emergencies: Richard Stanley

This person is also responsible for making sure of the following:

- ✓ All emergency information is present and available
- ✓ Sufficient first aid kits are available to serve all participating students
- ✓ The responsible teacher has a functioning cell phone with number shared with other teachers and parent chaperones
- ✓ All safety protocols specific to this field trip are clearly communicated to the other participating teachers and parent chaperones

#### Emergency Procedures:

*If ever there is a life threatening event or if the safety of the participants is jeopardized always call 911.*

What is the plan if a student gets ill/injured during the trip? \_\_\_\_\_

Administer first aid, if necessary. Inform parents, CMP Principal/Admin on duty. Have the student picked up or transported by parents or back up parent chaperone /driver, if available.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the plan if a parent chaperone gets ill/injured during the trip? \_\_\_\_\_

Administer first aid, if needed.

Inform family, CMP Principal /Admin on duty.

Have the parent picked up by family member & contact back-up parent driver/chaperone.

What is the plan if an individual or group of students exhibit behavioral problems and need to be isolated from the group or sent home? \_\_\_\_\_

The teachers/s will speak with the student separately and discuss ways to resolve the problem w/o being sent home.

If the problem persists, students' parents will be called to have their student picked up.

What is the plan if a student or parent needs to go to the hospital? Call for an ambulance  
as needed or have the student/parent brought to the hospital only if prior family  
approval has been given.

What is the plan if a student gets lost during this trip? \_\_\_\_\_

Inform venue security ASAP. Inform parents, CMP Principal/Admin on duty & institute search

protocol within venue in coordination w/ venue security/police.

What are the potential safety hazards specific to this trip? \_\_\_\_\_

Driving /road hazards.

Students could get sick (food...)

Students could get intentionally lost.

What plans could be put into place to make sure these situations are handled to the best of our ability? \_\_\_\_\_

Detailed, clear orientation/briefing for chaperones & students.

Specific reminders esp. for parent drivers to observe safe driving practices.

Students will be given specific reminders to be safe, peaceful, respectful & responsible. Emergency contact #s will be given to each student.

What is the plan if a parent chaperone is making choices which are jeopardizing the safety of the students? \_\_\_\_\_

Teachers will speak w/the parent chaperone & ask him/her to refrain from doing such choices.

If the behavior/unsafe choice continues, the parent will be asked to leave & a back up parent will be contacted.

If back up is not available, parent chaperone will be assigned w/one of the teachers for close monitoring.

# 2015 Season Schedule

## OREGON SHAKESPEARE FESTIVAL

Shakespeare, musicals, classics and three world premieres: see one; see them all!

The Oregon Shakespeare Festival's 2015 season will open the weekend of February 27 (previews begin February 20). Below is a quick glance at the season schedule, and we'll be posting more information for you as it becomes available.

ANGUS BOWMER THEATRE

**MUCH ADO ABOUT NOTHING** by William Shakespeare

Directed by Lileana Blain-Cruz

February 20 – November 1

**GUYS AND DOLLS** Music and lyrics by Frank Loesser; book by Jo Swerling and Abe Burrows

Directed by Mary Zimmerman

February 22 – November 1

**FINGERSMITH** Adapted by Alexa Junge from the book by Sarah Waters

Directed by Bill Rauch

World Premiere

February 21 – July 12

**SECRET LOVE IN PEACH BLOSSOM LAND** by Stan Lai

Directed by Stan Lai

April 15 – October 31

**SWEAT** by Lynn Nottage

Directed by Kate Whoriskey

World Premiere, American Revolutions

July 29 – October 31

**THOMAS THEATRE**

**PERICLES** by William Shakespeare

Directed by Joseph Haj

February 26 – November 1

**LONG DAY'S JOURNEY INTO NIGHT** by Eugene O'Neill

Directed by Christopher Liam Moore

March 25 – October 31

**THE HAPPIEST SONG PLAYS LAST** by Quiara Alegria Hudes

Directed by Shishir Kurup

July 7 – November 1

**ALLEN ELIZABETHAN THEATRE**

**ANTONY AND CLEOPATRA** by William Shakespeare

Directed by Bill Rauch

June 2 – October 9

**HEAD OVER HEELS** Script by Jeff Whitty, Music & lyrics by the Go Go's

Directed by Ed Sylvanus Iskandar

World Premiere

June 3 – October 10

**THE COUNT OF MONTE CRISTO** by Alexandre Dumas, adapted by Charles Fechter

Directed by Marcela Lorea

June 4 – October 11

*(www.osfashland.org)*

Campus: CAPITOL

**PHILADELPHIA INSURANCE COMPANIES**  
**SPECIAL EVENT QUESTIONNAIRE**  
Revised for CMP for High Risk & Overnight Field Trips

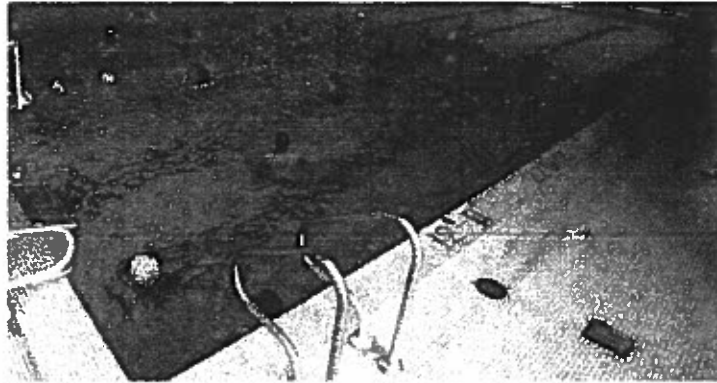
- Name of your organization: California Montessori Project  
Policy No. or Account No.:
- Teacher Name: SILMIN KAKILALA Classroom Name: Saber-Toothed Cat  
Grade/s: 7th, 8th Ages range: 12-14
- Destination of Proposed Field Trip: SOUTHERN OREGON UNIVERSITY Indoor Pool  
Address: 1250 Siskiyou Blvd., Ashland, OR 97520  
Contact Name: MIKE JONES Contact Phone #: (541) 552-6209  
Dates of Proposed Trip: Friday, May 1, 2015 Cost per Student: Cost Included in Oregon Trip  
Departure time from Campus: 6:00 AM; Apr 29, 2015 Return to Campus time: 6-6:30 PM May 1, 2015
- Description, Type of event: Recreational Swim  
Activities (details- please include a flyer, brochure, etc.): Friday, May 1, 2015  
9:00-11:00 AM  
Indoor Pool, McNeal Pavilion, Southern Oregon University
- Number of anticipated Students attending this event: 40  
Number of anticipated Employees attending this event: 2  
Number of anticipated Parent Chaperones attending this event: 10-12
- Are lifeguards on duty?  Yes  No  Not Applicable (If Yes complete the following)  
Are they hired by  Insured  Place event is being held  
Is the lifeguard/s certified?  Yes  No CPR trained?  Yes  No  
Certificate received by insured?  Yes  No
- Are sports activities being played?  Yes  No  Not Applicable (If Yes complete the following)  
Which sport/s? \_\_\_\_\_  
Are participants required to sign a waiver?  Yes  No  
Do participants have to show proof of personal health insurance?  Yes  No  
Are safeguards in place to prevent injury to spectators?  Yes  No
- Will you sell or serve food?  Yes  No  Not Applicable  
Catered?  Yes  No (If Yes complete the following)  
Are they hired by:  Insured  Place event is being held?  
Certificate received by insured?  Yes  No
- Organizations or agencies which will need to be named as Certificate Holder and/or additional insured (such as City or County or building owner): SOUTHERN OREGON UNIVERSITY  
Address of Certificate Holder: 1250 Siskiyou Blvd, Ashland, OR 97520  
Do we need to provide a certificate of insurance?  Yes  No  
Are you sure the Certificate holder needs to be named as an Additional Insured?  Yes  No  
If so, give date by which certificate must reach this organization

10. Note: No alcohol is to be served on Field Trip Events  
Signed by: *[Signature]*  
SILMIN R. KAKILALA

Date: Jan. 26, 2015



# RENT THE POOL!



Have you ever wished that you and your friends could enjoy a swimming pool all to yourselves? The SOU swimming pool is available for rental - a great place to hold a birthday party, family reunion, group get-together, neighborhood gathering or other social event!

Enjoy the pool with only your friends and family!

For fees and other information contact:

Mike Jones (mailto:mjones@sou.edu)  
Health, Physical Education, and Leadership  
1250 Siskiyou Blvd  
Ashland, OR 97520  
(541) 552-6209  
(541) 951-3387

Printed off from  
[www.sou.edu/pool/rental.html](http://www.sou.edu/pool/rental.html)

## LIFEGUARDS (Recommended by SOU)

Lifeguard 1  
Mr. Rob Simbach  
CH  
American Red Cross  
Certificate ID: GQEW0  
Date Completed: 6/2/14  
Validity Period: 2 Years  
Lifeguarding/First Aid/  
CPR/AED

To confirm:  
[redcross.org/confirm](http://redcross.org/confirm)

Lifeguard 2  
Mr. Corey Tower  
CH  
American Red Cross  
Certificate ID: GQEW1  
Date Completed: 6/2/14  
Validity Period: 2 Years  
Lifeguarding/First Aid/  
CPR/AED

To confirm:  
[redcross.org/confirm](http://redcross.org/confirm)





# POOL USE AGREEMENT

HPEL Department, McNeal 138  
Ashland, Oregon, 97520  
541-552-6727  
Fax 541-552-6543

## PART I: CONTACT INFORMATION

Name of Organization CALIFORNIA MONTESSORI PROJECT-CAPITOL  
Authorized Representative Bernie Evangelista  
Title Principal E-mail Address bevanangelista@cacmp.org  
Mailing Address 2635 Chestnut Hill Drive, Sacramento, CA  
Day Phone (916) 325-0910 Evening Phone \_\_\_\_\_

## PART II: EVENT INFORMATION

Name of Event Private/Reserved Recreational Swim 40 students  
2 teachers  
16 parents  
Dates Friday, May 1, 2015 Anticipated Number in Attendance 58  
Start Time 9:00 AM End Time 11:00 AM Set-up Time \_\_\_\_\_ Tear-Down Time \_\_\_\_\_  
Is there an admission fee?  Yes (provide fee schedule)  No  
Is the event open to the public?  Yes  No

## PART III: SET UP

Specify equipment that is needed: - NA -

## PART IV/TERMS

### Insurance

Off-campus users must attach a certificate of insurance. The standard liability insurance amount is \$1,000,000. SOU's Risk Management Office may alter the amount of insurance required based on the potential risk of the event.

### Terms

This agreement constitutes the entire agreement between the parties. No waiver, consent, modification, or change of terms of this agreement shall bind either party unless in writing and signed by all parties. There are no understandings, agreements or representations, oral or written, not specified herein regarding this agreement. Parties, by the signature below of their authorized representatives, hereby acknowledge that each has read this agreement and agrees to be bound by its terms and conditions. This agreement supercedes any previous agreement between SOU and the user.

### Hold Harmless

The lessee agrees to indemnify and hold harmless the University, its officers, agents, and employees from all liability claims, suits, and other proceedings arising out of, or in any manner related to, the Lessee's event/activity.

### Holidays and Scheduled Maintenance

The lessee agrees that this use agreement may be subject to Facilities Closure schedule during holidays and scheduled maintenance.

### Obligations of the University

UNIVERSITY agrees to provide the dressing rooms and swimming pool in McNeal Pavilion during the regular University calendar, with exceptions by mutual agreement, to include the following:

- a. Swimming pool, related deck areas and balcony seating.
- b. Dressing rooms, lockers and showers, but not to include the swimming suits or towels.
- c. All utilities under this agreement to include heat, lights and water.

UNIVERSITY shall not be responsible for delays or failure to perform caused by mechanical failure, any acts of God, strikes, or other cause beyond its reasonable control.

### Obligations of the Lessee

LESSEE will receive and care for all buildings and furnishings herein stated and will return to the UNIVERSITY such facilities in good condition with no more than reasonable wear to be expected to take place while in normal use during the daily swimming. LESSEE shall be responsible for general cleaning after each session, to include hosing down the deck after each LESSEE session.

In addition, LESSEE shall:

- a. Provide all personnel for lifeguards and instructors for all sessions.
- b. Replace pool cover at the conclusion of each session. Failure to do so may result in an energy use surcharge of \$100 per incident.
- c. Provide appropriate liability insurance protection to all participants, staff, volunteers, or others in the swimming program.
- d. Reimburse the UNIVERSITY for any damage to building and equipment committed by participants, staff, volunteers or others in the swimming program.
- e. Administer the sale of tickets to spectators.
- f. Enforce the rules of use, including, but not limited to, no street shoes on decking.
- g. Reimburse the UNIVERSITY for the LESSEE portion of LESSEE charges for any repairs not considered routine maintenance and deemed necessary by the UNIVERSITY to meet OUS standards, State laws and OSHA requirements.
- h. Food is not permitted inside the pool area.
- i. Payments for one-time use are due prior to the event. Payments for on-going use will be billed monthly.

### Rental

The total rental price for the use of the above facilities for the term of this agreement, with Conditions herein stated, shall be \$100 -.

For multi-use rentals, payments in the amount of - NA - shall be due on the 10<sup>th</sup> of each month.

Payment shall be made to Southern Oregon University, with reference to the pool contract, and shall be sent to the attention of Accounts Receivable, Southern Oregon University, 1250 Siskiyou Boulevard, Ashland, OR 97520.

**Late Payments**

If full payment for rental is not received after a five business day grace period, pool access will be terminated.

**PART V: SIGNATURES**

**Lessee Signature**

I, as the authorized representative of the requesting organization (LESSEE), have read, understand and agree to abide by the terms and conditions in the SOU Facilities Use Policy and Facilities Use Agreement. I understand that I may not assign or in any way transfer rights under this Agreement to any other party.

Bernie Wanzelute  
Signature

2/3/15  
Date

**University Signatures**

I approve this request.

\_\_\_\_\_  
HPEL Pool Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SOU Vice President of Finance and Administration (or designee)

\_\_\_\_\_  
Date

Original copy to be sent to the SOU Contracts Office, Churchill 170. Copies must be sent to:

- Facilities
- Campus Public Safety
- HPEL Pool Coordinator
- CAS Fiscal Officer