



COLONY ACTIVITIES DEPT.

Activities Principal- Dale Ewart
907-861-5515

Activities Secretary- Steve Reynolds
907-861-5514

Colony High School
Extra-curricular Activities Supervision Plan

Event: _____

Date: _____

Sport/Activity: _____

Head Coach: _____

Destination: _____

Overnight Location: _____

List all Chaperones, parents, Assistant coaches assisting with supervision:

List Female Chaperone if required _____

Please identify one individual in charge of supervision for each task below:

Bus: _____

Locker Room Pregame: _____

Bed/Room Check: _____

Locker Room Postgame: _____

Student Pick-up: _____

Provide a brief statement about student expectations in regards to the overnight stay, lights out, and acceptable areas for students to be in at the hotel/school.

This form to be completed and returned to the A.P. prior to travel. Please attach itinerary for the trip. This document is designed to protect you as a coach and demonstrate that you have a supervision plan in place for your activity.