



KINGS CANYON UNIFIED

1502 I Street | Reedley, CA 93654

P: 559.305.7010 F: 559.637.1186

PTC/Booster Acknowledgement

I, _____, PTC/Booster President, represent the following
organization _____ and
hereby acknowledge that I have read and understand the Booster Guidelines.

Signature

Date

PTC/BOOSTER INSTRUCTIONS

Hello PTC/Booster Club & ASB representative:

It is once again time to renew the annual [PTC/Booster Request for Recognition](#) for CRMA insurance coverage. All organizations are required to be recognized by the school board. In order for CRMA insurance to cover your activities you must submit all the documentation listed below to your site Principal by **10/2/26**. ***You must attend a mandatory School Connected Organization Support meeting that will take place on 9/23/26 at 5:30 p.m. in the Educational Support Center Board room located at 1801 10th Street, Reedley.***

Download the form by clicking on .

1. Completed **Non Profit Organization Supplemental form** (only events listed in this section of the non-profit form will be covered).

DATE	EVENT/ACTIVITY	EXPECTED ATTENDANCE

2. Bylaws
3. Bank statement ending June 30, 2026
4. Reconciliation (contains date, check #, payee, memo, description and amount for period 7/1/25 to 6/30/26) see sample below

Lincoln PTC Transanction Detail 07/01/2017 - 06/30/2018						
Date	Ck Nur	Payee	Memo	Category	C	Amount
Balance 6/30/17						5,672.00
8/10/17		ACH Debit Deluxe	Bank Charges	Bank Charges	R	-117.86
9/7/17	4229	Sandra Ramos	Back to School Night	Expense: interpreting	R	-20.00
9/7/17	4230	alicia diaz	Back to School Night	Expense: interpreting	R	-20.00
9/7/17	4231	angelica herrera	PTC Meeting	Expense: Babysitting	R	-20.00

If you will provide your own insurance coverage, forward a copy of the certificate of liability coverage for the 2026-27 school year along with all the other documentation.

If you are unable to submit complete documentation by 10/2/26 contact Jose Guzman at guzman-j@kcusd.com or (559) 305-7024.

Thank you, see you on 9/23/26!

Parent/Booster Club Request for Recognition

Name of Club: _____ School Site: _____

Purpose of Club: _____

Required Information:

Bank Name

Bank Account Name

Account #

Tax ID

Non Profit 501c3#

Officers:

Name	Phone#	Address	Email

Please make sure the following items are attached to this Request for Recognition Form before submitting:

- Current Club Bylaws
- Copy of June Bank Statement
- Financial Report Reconciliation Summary of Previous Year

Kings Canyon Unified School District's Insurance policy will cover all Boosters/PTC Clubs who submitted the Non profit form. Each recognized group must follow all Board Policies and Administrative Regulation to be covered.

All fundraising activities must be approved by Principal. Any vendor that provides a service or comes on school site property must have liability insurance. Obtain a copy of their liability insurance and submit to Principal. If the vendor does not have insurance, you must pick another vendor who does.

California Risk Management Authority JPA has adopted new requirements for the school districts liability insurance coverage to extend to student and body organizations, booster clubs, parent teacher organizations, and other non-profit organizations.

Before a non-profit can be considered as covered by the school district liability insurance program **as Additional Insured** the following is required:

- ✓ The school board must approve the non-profit for coverage
- ✓ The school board, as part of its approval of the non-profit must approve the events, activities or operations which are to be included for coverage
- ✓ The school board should appoint 1 or more designees which have authority to approve other events, activities, or operations not originally known to the board that may arise and desire coverage during the school year
- ✓ The school board or its designee must advise the JPA administration of the new event, activity, or operation to be included for coverage

A separate non-profit survey form is REQUIRED for each non-profit, booster club, parent teacher organization, and all student body organizations.

District: **KINGS CANYON UNIFIED SCHOOL DISTRICT**

Date:

Non-Profit Name: _____

Has the board approved this non-profit for liability coverage?

☐ Yes

☐ No

List the events or activities included for coverage under the board approval in the chart provided below.

- ✓ If any activity is on-going as opposed to date specific show it as "on-going"
- ✓ If there are multiple days provide the aggregate expected attendance for all dates

DATE	EVENT/ACTIVITY	EXPECTED ATTENDANCE

**Events or Activities which are not on this list will need to be approved by the board or the board's designee to be included for coverage*

Principal's Signature _____