

THE SPECIAL ACTIVITY REQUEST FORM/CHECKLIST

Quick Overview

This form is to be completed by the person in charge of any special activity (those that may be considered High Risk, etc.) that is planned for your department, class, club, sponsor or group. Please plan ahead and submit at least one month prior to the proposed event. Please fill in all information that is applicable. You may be contacted following the review of your request to discuss your activity in further detail. Completing this request does not confirm your activity. A confirmation email will be issued once approval is final. If you have any questions, please contact the Business Services office.

Name of School:	
Name of Class/Club/Sponsor	
Date(s) of Activity	
Location of Activity	
Name & Description of Activity	
Description of Safety Equipment or Safety Measures to be used	
Number of Students Attending	
Ages of Students	
Number of Staff Attending:	
Names of Attending Staff:	

Number of Chaperones:	
Names of Chaperones:	
Have parental signed “General Waiver & Release of Liability” or “High-Risk Activity Release” forms been obtained for all participating students?*	<p>Yes No</p> <p>*Waivers and Permission Slips Parent permission/injury waiver forms must be signed and on file for all students participating in the special activities.</p>
Is this an overnight activity?	Yes No
Have chaperones (other than employees) been fully screened, such as background checks?	Yes No
Transportation to Activity*	<p><input type="checkbox"/> School Vehicles <input type="checkbox"/> Parent Vehicles <input type="checkbox"/> Employee Vehicles</p> <p><input type="checkbox"/> Student Vehicles <input type="checkbox"/> Third Party**</p> <p><input type="checkbox"/> Other form of Transportation</p> <p>*Please be advised there is NO insurance coverage for the use of 15 passenger vans. The excluded coverage for 15 passenger vans are for owned, rented, borrowed, or leased by the district, any employee, volunteer of the district, student or student intern.</p> <p>**If a third party is being used to transport students during a field trip or activity, make sure to request confirmation of insurance coverage from the third party. The exclusion of 15 passenger vans for transporting students would still apply for this use.</p>
If transportation is provided by parents, or is chartered, has proof of insurance been obtained?	
Yes No	
Are all drivers on the District ‘Approved Drivers’ list?	Yes No

CONTRACTS	
Is the school requested to sign a contract?	Yes No
Has the contract been reviewed and approved by District Administration and the Director of Business Services?	Yes No
<p>Please attach a copy of the contract. Additional information may be needed for activities such as; amusement equipment, rock climbing, repelling, skiing/boarding, rafting, and/or foreign travel. <i>Additional activities can be added to the above list.</i></p>	
<p>AMUSEMENT ACTIVITIES/EQUIPMENT: (Includes, but not limited to; blow up type equipment such as bounce houses, slides and obstacle courses,)</p>	
<p>Company name:</p> <p>Address:</p> <p>Contact name:</p> <p>Telephone:</p> <p>Email:</p>	
<p>Who will be operating/supervising the activity/equipment use?</p>	<p style="text-align: center;">_____ District employees _____ Equipment owner's employees</p> <p>Equipment provider must provide evidence of liability insurance coverage with a minimum liability of \$1,000,000 and issue a certificate of insurance naming the sponsoring organization (i.e.: PTO) and the School District as additional insureds.</p> <p>Reminder, contracts must be reviewed by the District's legal counsel and insurance company and approved by District Administration. Contract language should not unreasonably release the company of liability.</p>
ACTIVITIES	
Activities for the Classroom	
Teacher Preparation	<p>What kind of experience does the teacher have in this?</p>
Support by School Administration Support	<p>How is this program supported by the Vision, Mission and Core Beliefs of the District and school?</p>

Tied to Student Learning Outcomes	What are the student learning outcomes?
	How do they address any appropriate standards, etc.?
Recommend Site Requirements	How does your site align with the regional and national guidelines?
Recommended Safety & Supervision	What is the plan for maintaining safety during preparation and the actual event?
Parent Permission	How have parents been notified of this experience?
	Does the child have permission to participate in this event?
Materials List	What materials are recommended for students to construct projects?
	What materials are prohibited for students to construct projects?
Inspection of Equipment	How will student projects be inspected for precision and accuracy?
Legal Requirements	What are the rules and regulations for hosting this type of activity on school grounds?

SKIING/SNOWBOARDING	
Will helmets be required for downhill skiing/snowboarding?*	Yes No *Helmets are required for all school sponsored skiing activities
What is the required safety equipment and clothing to be used/worn by the student?	
A copy of the required safety rules /guidelines that need to be followed has been provided?	Yes No
Are school supervisors, chaperones and instructors trained, competent downhill skiers and/or snowboarders?	Yes No
Supervisors are trained in first aid and CPR?	Yes No
Rafting	Number of Trips:
Will you be contracting with an experienced and insured rafting outfitter?	Yes No
Are they certified in CPR, water safety etc.?	Yes No
Are Personal Floatation devices mandatory?	Yes No
Type of trip? (Float trip? Rapids? Level of rapids?) class II and III whitewater float trip	
Has a certificate of insurance been obtained from all professional outfitters showing \$1,000,000 limits of liability?	Yes No
Spelunking	Number of Trips:
Experience of instructor:	
Where will the trip be?	
How tight will passages be?	
Will they be in passages where they can either stand in, or crawl on all fours?	Yes No
What is the required safety equipment and clothing to be used/worn by the student?	
A copy of the required safety rules /guidelines that need to be followed has been provided?	Yes No
Rock Climbing	Number of Trips:
Experience of instructor:	
Describe personal safety equipment to be used:	
Describe Climbs/repelling:	
Please provide any other pertinent information:	

OUT-OF-STATE, FOREIGN or OVERNIGHT TRIPS

Consult and complete the appropriate information documented in District Administration Policies:
JJH-R, JJH-E1*, JJH-E2, JJH-E3, JJH-E4

Please submit a copy of the completed checklist to the appropriate building administrator, then the Director of Business Services at bgustafson@wpsdk12.org for review and approval per school and District guidelines.
