



# 2018 Division 1 Track & Field State Finals East Kentwood High School

Parents,

This is where the coaches and athletes will be staying. I already have rooms for our coaches, bus driver and athletes. If you would like to get a room at the same hotel, feel free. Please tell them you are a parent and not with the team....Coach Timpa

**Holiday Inn Grand Rapids Downtown**  
310 Pearl St. NW  
Grand Rapids, MI 49504  
(616) 451-8713

<u>Coach Timpa</u>	<u>Classroom: 723-2951</u>	<u>Remind: 81010 @Coachtimp</u>
David Carnago Gabe Holman Joe Jaster Jeron Kelley Brandon Michalak Nathan Parker Jason Ribbentrop Brandon Ross	Qur'an Rozier Dawson Sloan Josh VanSlambrouck Jessica Bennett Brenna Butkovich Majesty Coleman (alt) Emily Droski Alexa Hempel	Kaylee Koch Airiana Louie- Cameron Savannah McLauchlan Jada Tullos McKenna Wojcicki

## Friday June 1, 2018

Practice at DHS: 9:30 am

Bus Departing: 11:30 am

Dinner: 4:00 pm

Packet Pickup, T-shirts, photos at track.

8:30 pm Team Meeting

Lights out 10:30 pm

## Saturday June 2, 2018

Depart Hotel 7:00 am

Warm up: 8:00 am

Meet begins 9:00 am

Dinner on the way home approx. 7:30 pm

Returning to Dakota: 11:00 pm



School: Dakota High School

CHIPPEWA VALLEY SCHOOL PERMISSION FORM  
OFF-CAMPUS ACTIVITY—TRANSPORTATION

Provided by: C.V.S. School Bus Yes No  
Charter Bus Company Name \_\_\_\_\_  
Other \_\_\_\_\_

Purpose: This form communicates to student's parents the particulars of this school sponsored activity, and affords the teacher/coach/sponsor information necessary to act reasonably in the case of an accident, emergency, or other situation which might arise during this activity.

Track & Field State Finals Mike Timpa \_\_\_\_\_  
Activity Name Teacher/Coach/Sponsor Student's Name

June 1- 2, 2018 Money for Lunch @ Meet \_\_\_\_\_  
Date(s) Cost to Student Street

East Kentwood High School 11:30 pm June 1, 2018 \_\_\_\_\_  
Location Planned Departure Time Parent's Name

(586) 214-8287 11:00 pm June 2, 2018 \_\_\_\_\_  
Telephone Planned Return Time Home/Work Telephone

Emergency Name and Telephone Number: \_\_\_\_\_

I hereby give my child permission to participate in the above named activity and do hereby relieve the Chippewa Valley School System of all responsibility beyond that of normal supervision. Student behavior in this activity is regulated by and subject to the Student Code of Conduct.

All students must travel according to the mode indicated above unless a special arrangement is made between parent and teacher/coach/sponsor.

This form must be completed and in the possession of the teacher/coach/sponsor prior to activity departure and taken by the teacher/coach/sponsor to the activity.

\_\_\_\_\_  
Parent/Guardian Signature Date

Form 5134.1

Revised: 10/01/82  
Reviewed: 01/08/90  
Revised: 07/16/90  
Revised: 03/11/91

TEAR OFF AND RETURN TOP PORTION TO SCHOOL—RETAIN BOTTOM FOR YOUR INFORMATION

**Chippewa Valley Schools**  
**Field Trip Information for Parents**

Child's Name \_\_\_\_\_  
Date of Trip June 1-2, 2018  
Location of Activity: East Kentwood High School  
Departure Time: 11:30 pm June 1, 2018  
Return Time: 11:00 pm June 2, 2018  
Mode of Transportation: C.V.S. School Bus Bag Lunch Required  
Yes No

# EMERGENCY MEDICAL AUTHORIZATION PERMIT

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly. I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian

Child's Name \_\_\_\_\_

(Last)

(First)

(Middle)

School Dakota High School Grade \_\_\_\_\_ Teacher Mike Timpa

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Telephone \_\_\_\_\_

Parent or Guardian Names \_\_\_\_\_

Please print

Home Address \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Father's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Dentist Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ I.D. No. \_\_\_\_\_

Important Medical Information

Allergies \_\_\_\_\_

Current Medications or Treatments


Previous Operations or Hospital Confinements


Other:


# PARENT CONSENT FOR TRIP

I, \_\_\_\_\_ (Parent's Name), permit my child,  
\_\_\_\_\_, to participate in the trip to East Kentwood High  
School for the Track and Field State Finals.

I understand that this trip is part of the District's educational program and provides a learning experience of educational value to my child.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

# RESPONSIBILITY CONTRACT FOR OVERNIGHT TRIPS

It is a privilege for you to participate in the District-sponsored trip to East Kentwood High School. Because this trip is part of the District's educational program, it is imperative that you adhere to the Code of Conduct for overnight trips as well as the applicable provisions of the general Code of Conduct. You must remember that from the time of departure to your arrival home, you are the responsibility of the District.

- A. Refrain at all times from the consumption of alcoholic beverages and/or drugs unless said drugs are prescribed by a physician and dispensed by school personnel or self-medication and/or possession are properly authorized;
- B. Sleep in my assigned room and not entertain members of the opposite sex in my room, unless my room door is fully opened, and an adult chaperone is notified;
- C. Keep my assigned chaperone advised of my whereabouts at all times;
- D. Attend all mandatory activities and meal functions;
- E. Adhere to all established curfews;
- F. Conduct myself in such a manner as to bring pride to myself, my family, my school, and my community;
- G. Adhere to any established dress code;
- H. Comply, throughout the trip, with any all instructions directed to me and/or the group by a chaperone or staff member.

If a problem arises that is serious enough in nature to warrant the below-named student' removal from the travel group, we (the student and parent/guardian) agree to bear any additional costs to return the student home. NOTE: This removal decision will be made by the accompanying professional staff member after a student has been provided the opportunity to respond to any allegations. The student may also be subjected to discipline upon return home in accordance with general District policies.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

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Parent

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Date

# CHIPPEWA VALLEY SCHOOLS

## PARENT'S POWER OF ATTORNEY

I (We) hereby designate Mike Timpa,  
as my (our) attorney-in-fact and authorize and empower them to secure necessary and required  
medical aid for the below-named student from June 1, 2018 11:30 pm  
departure and to return on June 2, 2018 11:00 pm. Further, if any  
emergency should arise necessitating medical treatment or surgery to the below-named student,  
the said advisors, Tom Zarzycki, Art Droski, Edward Roginski, Lindsay Bartz, Karl Fox,  
Derriana Kelley, Richard Pojeta, Ed Skowneski may in my (our) name, place and stead and as  
attorney-in-fact execute any medical or hospital authorization required in order to secure medical  
treatment or surgery.

\* \* \* \* \*

It is agreed and understood that prior to exercising the above power of attorney in the event of  
such emergency, the above-named attorneys therefore shall make every reasonable effort to  
contact the parent or guardian for oral approval or disapproval.

_____ Name of Student	_____ Legal Guardian's Signature
_____ Father's Signature	_____ Mother's Signature
_____ Telephone Number	_____ Date
_____ Emergency Name and Telephone Number	_____ Emergency Name and Telephone #
Medical Insurance Carrier: _____	
Medical Insurance Policy Number: _____	
Medical Insurance Telephone Number: _____	
Subscribed and sworn before me this _____	Name of Notary _____
_____ day of _____ 19____	County _____
_____ Signature of Notary Public	Comm. Expires _____ (Type, Print or Stamp)