

**Willows Unified School District**  
**Student Educational Field Trip Activity Request Form**

(Complete and turn into Principal TWO WEEKS prior to scheduled activity)

Date(s) of Activity: July 7<sup>th</sup> & 8<sup>th</sup>      Departure Time: 12:00pm July 6<sup>th</sup>

Termination Time: 12:00pm July 9<sup>th</sup>

Specific Destination(s): Chester High School, Chester, CA

Purpose of Field Trip: Wrestling Camp

Number of Students: 15      Grade level(s)/Class: 9-12

School(s) Involved: Numerous

Person in Charge: Daniel Hartman      Phone #: 530-251-6711

Chaperones (including teachers): \*Going to offer to parents once  
Daniel Hartman      announced to team.  
Brandon McCorkle

Provision for Meals: Daniel & Brandon will be cooking.

Estimated cost other than district transportation (specific breakdown)

\$25 - camp fee  
\$50 - Food per person } \$95 per person (ASB Funds)  
\$20 - Camp site fee

If district transportation for the field trip is required, complete a Vehicle Request Form and submit to the building principal with this form.

I understand that this field trip is part of the school's regular curriculum and that all school rules and district policies will be in effect during the entire trip.

Teacher's Signature Jill Hester      Date 3-30-18

Principal Approval [Signature]      Date 3/30/18

# Chester Wrestling Camp

This camp is designed for all ages and abilities. There will be past college all-Americans showing their favorite techniques. This is a wrestling camp, so we will be doing a lot of live wrestling. Wrestlers will be divided into appropriate ability, age and weights groups when live wrestling.

Where: Chester high school Gym      Cost: \$25.00

## July 7th

8:00-9:00 Check in  
9:00-9:30 Warm-up  
9:30-10:30 technique  
10:30-11:30 live wrestling  
11:30-12:00 hydrate/snack/break  
12:00-1:00 technique  
1:00-2:00 live wrestling  
2:00-3:00 technique  
3:00-3:30 hydrate/snack/ break  
3:30-4:30 live wrestling

## July 8th

8:00-8:30 Warm-up  
8:30-9:30 live wrestling  
9:30-10:30 technique  
10:30-11:30 live wrestling  
11:30-12:00 wrap up

Wrestler's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
School: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Parent/Guardian Release and Agreement: I hereby give my consent for \_\_\_\_\_ to participate in the 2017 Chester wrestling Camp. I authorize my child to go with and be supervised by a representative of the Chester wrestling camp. In case my child becomes ill or is injured, you are authorized to have my child treated and I authorize the medical agency to render treatment.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

As stated in the California Education Code Section 35330, I understand that I hold Chester wrestling Camp, its officers, agents, and employees harmless from any and all liability claims, which may arise out of or in connection with my child's participation in this activity. I fully understand that participants are to abide by all rules and regulations governing conduct during this activity. Participants must have health or accident insurance:

Insurance Co. \_\_\_\_\_

Group # \_\_\_\_\_

Claim's Office Ph. # \_\_\_\_\_

Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact information: Tom Rogers 530-816-0900