

CAMPS AND CLINICS

The following regulations govern the administration of Youth Camps/Clinics and Team and Player Development Camps and Summer Leagues.

A. Player/Team Development Camps and Summer Leagues

1. Team and player camps and summer leagues will include activities organized by a district coach or teacher for the benefit and development of the students, participants and the team. Such team or student groups shall include but not be limited to Band, Cheerleading and Athletics.
2. No coach or other school representative may directly or by implication require or direct a student to attend a team/player development camp as a condition for team membership.
3. The school district's Athletic Director must approve the team camp or summer league and the use of facilities, dates and player cost. The coach/teacher will strictly adhere to all Cuyahoga Falls Public Schools and OHSAA policies and regulations.
4. In order for these camps to operate efficiently and be able to meet the daily needs of the camps and the participants, the camps will deposit all revenue and pay all expenses through their Athletic Fundraiser account. The Board and administration shall have the right to request full disclosure of financial information as deemed necessary.
5. Twenty-Five percent (25%) of gross revenue shall be reinvested into the program and shall be deposited into the appropriate athletic fundraiser account within ten business days of completion of the camp. No more than fifty percent (50%) of gross revenue will be used for payroll. Gross revenue shall include team and player registration, gate receipts, corporate and individual cash donations and submitted using the Camp/Clinic Summary Form. Concession sales shall not be included in gross revenue receipts.
6. All of the coaches and assistant coaches working in the team camps must be current employees of the school district. Any adult worker who is not currently employed by the Cuyahoga Falls School District will be considered a new employee and must complete all of the necessary personnel application forms, including a background check. The full cost of the background check shall be paid by the worker.

7. The head coach/teacher will be responsible for completion of all financial documents in an accurate and comprehensive manner. Payments to camp workers will not be processed until all financial documents and the twenty-five percent (25%) contribution to the activity fund has been submitted.
8. All compensation paid to the camp workers will be paid through the district's payroll services and will be included in the employee's W-2.
9. Camp clinic head coach/director's pay will not exceed \$25.00 per hour for each hour in session. Camp assistant coaches/workers should be paid no less than \$15.00/hour. The amount of compensation paid to camp assistants may vary based on the total funds available. Compensation to camp directors/head coaches will be dependent upon the overall financial success of the camp.
10. The coach/teacher must complete the Application to hold a Student Camp/Clinic form and return to the site Athletic/Activities Director. Camps will be recommended for approval to the Athletic/Activities Director.

B. Youth Camps/Clinics (K-8)

1. Person(s) may be authorized to conduct youth camps. Person(s) approved to conduct youth camps will be considered an independent contractor. The independent contractor shall be required to follow all school district policies and regulations.
2. The rental fee for youth camps will be \$25.00/hour for the approved facility. The payment of rental fees to the district is not optional and will not be waived based on the profit or loss incurred by the respective camp. All camp rental fees must be paid in full to the district by the first day of business following the final day of the camp. Camp directors that do not pay the district for the rental of facilities in a timely manner will not be approved to hold a camp the following year.
3. Person(s) authorized to conduct a youth camp shall provide a certificate of insurance for liability in the amount of \$1,000,000 and shall name the Cuyahoga Falls School District as an additional insured. The certificate of insurance is to be submitted to the Cuyahoga Falls Business Office in a timely manner.
4. A current student shall not receive pay or expenses for working at a youth camp involving a sport/activity in which he/she participates. School uniforms are not to be used in youth camps.
5. Camp directors will be fully responsible for the issuance of 1099's to camp workers and following all local, state and federal requirements.

6. The independent contractor must complete the Application to hold a Student Camp/Clinic form and return to the site Athletic/Activities Director for approval. Request to conduct a youth camp while school is in session must be submitted to the Athletic/Activities Director at least ninety (90) days prior to the requested camp date.

CFHS APPLICATION TO HOLD A STUDENT CAMP/CLINIC

 Name of Organization Sponsor Date

 Camp/Clinic Start Date Camp/Clinic End Date

Reason for Camp/Clinic:

Anticipated Total Revenue: \$ _____

Anticipated Total Cost of Holding Camp \$ _____

Anticipated Total Profit (if any): \$ _____

NOTE: PARENT AND STUDENT CONSENT FORMS AND APPROVED APPLICATION TO HOLD A STUDENT CAMP/CLINIC MUST BE COMPLETED PRIOR TO THE ISSUE OF ANY MERCHANDISE OR ORDER FORMS.

 Coach/Director's Signature Date

APPROVED: _____
 Athletic/Activities Director/Principal Signature

APPROVAL DATE: _____

CFHS CAMP/CLINIC SUMMARY FORM

Coach's Name: _____ Clinic Type: _____

Grade Level of Camp/Clinic: _____ Number of Days: _____

Time of Day: _____ to _____ Start Date: _____ End Date: _____

Cost of Camp to participate: _____ No. of Participants: _____

Financial Summary: (attach supporting documentation)

Receipts:

Money Collected for Camp _____
 Donations _____
 Other _____
Total Receipts _____

Expenses:

List Coaches and Pay if Applicable: Coaches should be paid per guidelines in this document.

| Coach Name | Hrs. x Rate = Pay | Benefit Cost | Total to CO |
|------------|-------------------|--------------|-------------|
| _____ | x _____ = _____ | _____ | _____ |
| _____ | x _____ = _____ | _____ | _____ |
| _____ | x _____ = _____ | _____ | _____ |
| _____ | x _____ = _____ | _____ | _____ |

Total Cost of Coaches/Staff: _____

Other Expense (Describe & List Cost)

Other Expense Total: _____
 Total Cost of Coaches/Staff: _____
 Cost of Supplies: _____
 Cost of Merchandise: _____
Total Expenditures _____
Net Amount to Activity Fund _____

 Signature of Coach/Sponsor

 Date Submitted

 Signature of Athletic/Activities Director/Principal

 Date