

Brecksville-Broadview Heights City Schools Application to the Board of Education Proposal for Overnight/Out of State Trip

Please submit application to the building Principal/Athletic Director for initial approval before submission to the Board of Education.

Please provide all of the following information:

Group or Organization: H.S. BOYS + GIRLS CROSS COUNTRY TEAMS

Staff Member in Charge/Position: BOB SCHANK

Name of Event: TEAM CAMP OF CHAMPS TEAM CC CAMP

Destination: ~~THE~~ NORTHWEST OHIO CHRISTIAN YOUTH CAMP (NWOCYC)
8877 SOUTH TOWNSHIP RD, 131 McCutchenville OH

Departure/Arrival Information:

Leave School Date: Aug 4, 2026 Time: 1:15 PM

Return to School Date: Aug. 8, 2026 Time: 2:00 PM

44844

Date by which response is needed: _____

Trip Expenses:

1. Transportation:

Mode of Transportation:

School Bus Number of Buses: 2

School Van Number of Vans: _____

Other Transportation -

a. Name of Company: _____

b. Does the carrier have liability insurance? Yes No

c. What kind of liability insurance? _____

d. Are turnpike fees included? Yes No

Total Cost of Transportation: 2-2 1/2 hr trip one way + turnpike

2. Lodging Information:

a. Name: Northwest Ohio Christian Youth Camp

b. Address: 8877 South Township Rd 131 McCutchenville Oh. 44844

c. Lodging Contact Name(s): _____

d. Lodging Phone Number(s): 419-981-2662

Total Cost of Lodging: \$150.00 per student/athlete

3. Meals (List all meals included in the trip. Please note how many meals will be participants' responsibility).

4X Supper
4X Breakfast
4X Lunch

0 responsibility for campers

Total Cost of Meals: Included in \$150.00

4. Are there any supplementary activities? Are entry fees required?

SNACK BAR / Ice Cream / Gatorade / Candy bars
T-shirts

Total Cost of Activities: Money brought by student \$20

Calculation of Event Expenses:

- 1. Transportation: _____
- 2. Lodging: _____
- 3. Food: _____
- 4. Event Fees: _____
- 5. Other: _____
- Total:** _____

5. What Arrangements have been made for administering necessary medications to students while on this trip?

Bob Schank → I will have all the forms filled out by the parent and I will have possession of prescription meds as well as over the counter meds. Student will come to me w/a water bottle to take their meds in the AM / Lunch / Supper / Bedtime

6. What arrangements have been made for dealing with emergency situations? Who will be responsible for all medical information sheets? How will the forms be stored and transported?

Bob Schank will handle all Med forms as well as on my cell phone in Final Forms

7. If four guides are involved, what liability insurance do they carry?

N/A

8. How is the trip related to the educational program of the District?

Students learn to work together and develop a work ethic and develop a team bond and learn to respect others & create teamwork

9. In what ways will the students benefit? How will the District benefit?

Better Student athletes & better citizens

10. How will the trip be evaluated to determine the extent to which these benefits were realized?

11. How many students in total? Are any students experiencing academic problems? What previous experience has the staff member had in conducting overnight or extended field trips? What other staff members will be going?

22-25 boys 23-26 girls Bob Schank
I have been doing this with my CC team
Since 2002? 1 volunteer assistant coach will
be attending

12. How many chaperones, in addition to staff members, will be going? What are their names and affiliations with the students?

(2) Myself and Lou Rundo volunteer assistant coach.

13. Will any school days be missed? If so, how many? How will teachers be advised in advance that the students will be out of school? How will missed work be made up? What special assistance will be provided to students with academic problems?

No School will be missed

14. Estimated cost to organization and how is this trip funded? How are the funds collected and safeguarded? How will any shortfall be made up or excess funds used?

\$50.00 comes out of team account so it lowers the cost to \$150.00 per person

Date of Submission to Principal/Athletic Director: 6/18/26

Signature of Principal/Athletic Director indicating endorsement: Abd Alsh

Approved by Superintendent

Date

Date Approved by Board of Education _____