

**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: BRECKSVILLE-BROADVIEW HTS. GIRLS TRACK & FIELD

Staff Member in Charge/Position: DAWN POLRANTE

Name of Event: OHSAA D2 STATE TRACK & FIELD MEET

Destination: COLUMBUS, OH (JESSE OWENS STADIUM)

Departure/Arrival Information:

Leave School Date: 6/6/26 Time: 5:00 pm

Return to School Date: 6/7/26 Time: 5:00 pm

Date by which response is needed: ASAP

Trip Expenses:

1. Transportation:

Mode of Transportation:

School Bus Number of Buses: _____

School Van Number of Vans: 1

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. Lodging Information:

a. Name: HILTON GARDEN INN COLUMBUS-UNIVERSITY AREA

b. Address: 3232 OLENTANGY RIVER RD COLUMBUS, OH 43202

c. Lodging Contact Name(s): _____

d. Lodging Phone Number(s): 614-263-7200

Total Cost of Lodging: \$ 1356

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

- DINNER ON 6/6/26
- BREAKFAST ON 6/7/26 - INCLUDED W/ ROOM
- LUNCH ON 6/7/26 - STUDENT/ATHLETE WILL PAY
- DINNER ON 6/7/26

Total Cost of Meals: \$ 500

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

NO

Total Cost of Activities: _____

Calculation of Event Expenses:

1. Transportation:	_____
2. Lodging:	<u>\$ 1356</u>
3. Food:	<u>\$ 500</u>
4. Event Fees:	_____
5. Other:	_____
Total:	<u>\$ 2826</u>

5. What Arrangements have been made for administering necessary medications to students while on this trip? COACH RESPONSIBILITY FOR ATHLETE'S MEDICATIONS

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?

COACH WILL HAVE EMERGENCY FORMS. THEY WILL BE WITH THE COACH AT ALL TIMES

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

N/A

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

ATHLETIC DEPARTMENT

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

STATE MEET QUALIFIERS ARE A DIRECT POSITIVE REFLECTION ON THE SCHOOL DISTRICT'S SUCCESSFUL ATHLETIC PROGRAM. ATHLETES' DEDICATION & HARD WORK ARE REWARDED THROUGH STATE LEVEL QUALIFICATION

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

RECOGNITION HAS ALREADY HAPPENED AT THE STATE LEVEL FOR BOTH ATHLETES AND DISTRICT. COMPETITION COULD POSSIBLY LEAD TO FURTHER SUCCESS BASED ON FINAL PERFORMANCES

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?

4 ATHLETES

I HAVE TAKEN STUDENTS ON PREVIOUS STATE COMPETITIONS

I HAVE ALSO DONE TRIPS ABROAD WITH STUDENTS

OTHER COACHES:

• BOB SCHANK • DENNIS SVOZIL

• CY LEVKANICH • AMY DUBASAK

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

N/A

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 DAYS 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?

NO COST TO TEAM

Date of Submission to Principal/Athletic Director:

6/1/26

Signature of Principal/Athletic Director indicating endorsement:

Alvin Alvarado

Approved by Superintendent

Date

Date Approved by Board of Education