

**School Related Student Trip Request Form & Event Specific Emergency Action Plan (EAP)**

SUBMIT THIS FORM	<input type="checkbox"/> ONE WEEK	<input type="checkbox"/> TWO WEEKS	<input type="checkbox"/> OTHER, SPECIFY _____	PRIOR TO THE TRIP.
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SCHOOL ACIC FACULTY MEMBER(S) SPONSORING TRIP Tracy Butler

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify Archery  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION Dayton Beach FL ADDRESS 101 N. Atlantic PHONE \_\_\_\_\_

- ☒ Out of State ☐ Out of County ☐ Within County Ave. Daytona Beach, FL 32118  
☒ Overnight; give name, address, phone of lodging Archer parent responsible for own lodging.

DATE(S) OF TRIP 6-6-24 thru 6-8-24 DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_PURPOSE/EDUCATIONAL VALUE Archers have qualifiedSOURCE OF FUNDING FOR TRIP for NASP Championships  
Archers are paying own expenses.

Attach a description of estimated expenses including, but not limited to, lodging, meals, registration, and all other anticipated travel expenses.

*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY \_\_\_\_\_NUMBER OF: STUDENTS 41 FACULTY SPONSORS 2 OTHER CHAPERONES 6  
TOTAL # OF PARTICIPANTS \_\_\_\_\_

MODE OF TRANSPORTATION

- IS DISTRICT TRANSPORTATION NEEDED? ☒ NO ☐ YES, SEE PROCEDURE 09.36 AP.212.  
☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_  
☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☒ Yes ☐ No

Person contacted at venue to discuss EAP: \_\_\_\_\_ Person making contact: \_\_\_\_\_

Is there an Automated External Defibrillator (AED) on site: ☐ Yes ☐ No If yes, where: \_\_\_\_\_Does the venue have an Emergency Response Team: ☐ Yes ☐ No If yes, how are they contacted: \_\_\_\_\_School Employee(s) Attending Trip (Please note beside name if employee is CPR trained):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use separate sheet and attach to this form if more space is needed to list school employees attending).

Tracy Butler  
 \_\_\_\_\_  
 Signature of Faculty Sponsor

05/28/2024  
 \_\_\_\_\_  
 Date

Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 Signature of Superintendent/Designee \_\_\_\_\_ Date \_\_\_\_\_

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES: 09.36 AP.1, 09.36 AP.21, 09.36 AP.211, 09.36 AP.212

Review/Revised: 9/18/2023

2024 Championships Agenda  
**Schedule for Thursday, June 6th**  
Ocean Center Exposition Center  
101 N Atlantic Ave  
Daytona Beach, Florida 32118

**Arrive by 9:30am(EST)**

Arrive at Ocean Center Exposition Center (101 N. Atlantic Ave, Daytona Beach, Florida 32118)  
**We will meet just inside the NASP Area marked on the attached map.**

**9:45am (EST)**- Archers will take Team photo, get bow ready, arrows, and scorecard and proceed to the shooting range by 10:30am

**11:00am (EST)**- Flight Time for BULLSEYE Tournament" -JEBMS TEAM & ACIC  
**ELEMENTARY TEAM**

**ACIC Elementary Team:**

AnnaBeth Esterley, Jackson Fisher, Cohen Ford, Katiya Gann, Gael Garcia, Abby Grimes, Caleb Harvey, Max Johnson, Rylee Meador, Kannon Payne, Raelynn Short, David Snuggs, Kaydren Stephens, Branson Stratton, Kolton Threet, Jase Todd, Greyson VanMeter, Brayden Vick, & Jacob Witt

**JEBMS Middle Team:**

Jordyn Alderson, Carson Bates, Sophia Borders, Jamie Brown, Gracie Chandler, Bentlee Cline, Corbin Ford, Scarlett Gillilan, Gabby Joyce, Kennadie Kelley, Chase Manley, Gaven Meadows, Cole Petty, Tanner Reid, Anna Rossetter, Parker Rossetter, Chase Sanspree, Emma Spears, Levi Tabor, Eli Towe, Madison Vick, & Bryson Weaver

**12:00pm (EST)** Archers will be finished by 12:00pm (EST) with their Bullseye Tournament and will be free to leave with parents after signing out with their coach.

\*JEBMS Archers **MUST** be back by 1:45pm (EST)

\*ACIC Archers **MUST** be back by 3:00pm (EST)

**1:45pm (EST) JEBMS ARCHERS RETURN TO** Ocean Center Exposition Center (101 N. Atlantic Ave, Daytona Beach, Florida 32118) **We will meet just inside the IBO 3D Area marked on the attached map.**

**2:45pm (EST)**- Flight Time for IBO 3D Tournament" -JEBMS TEAM

**JEBMS Middle Team:**

Jordyn Alderson, Carson Bates, Sophia Borders, Jamie Brown, Gracie Chandler, Bentlee Cline, Corbin Ford, Scarlett Gillilan, Gabby Joyce, Kennadie Kelley, Chase Manley, Gaven Meadows, Cole Petty, Tanner Reid, Anna Rossetter, Parker Rossetter, Chase Sanspree, Emma Spears, Levi Tabor, Eli Towe, Madison Vick, & Bryson Weaver

**3:00pm (EST) ACIC ARCHERS RETURN TO** Ocean Center Exposition Center (101 N. Atlantic Ave, Daytona Beach, Florida 32118) **We will meet just inside the IBO 3D Area marked on the attached map.**

**4:00pm (EST)- Flight Time for IBO 3D Tournament" –ACIC TEAM**

ACIC Elementary Team:

AnnaBeth Esterley, Jackson Fisher, Cohen Ford, Katiya Gann, Gael Garcia, Abby Grimes, Caleb Harvey, Max Johnson, Rylee Meador, Kannon Payne, Raelynn Short, David Snuggs, Kaydren Stephens, Branson Stratton, Kolton Threet, Jase Todd, Greyson VanMeter, Brayden Vick, & Jacob Witt

**\*\*Archers will be free to leave with parents, after completion of the IBO 3D Tournament, and after signing out with their coach.**

**Awards will be at approximately 4:00pm (EST) Saturday, June 8th for anyone wishing to attend.**

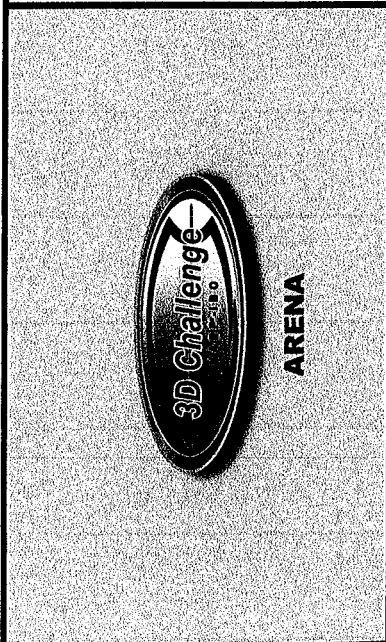
# 2024 NASP® CHAMPIONSHIP



**June 6 - 8**  
**101 N. Atlantic Ave.**  
**Daytona, FL**



**BULLSEYE &  
 3D CHALLENGE  
 PRACTICE RANGES**



**SOUTH CONCOURSE**

**Main  
 Entrance / Exit**

**ADMISSIONS**

**CONNECTOR  
 CONCOURSE**

**Main  
 Entrance / Exit**

**104 A  
 Registration**

**104 B  
 Scoring**

**Lanes 31 - 80**

**Podium**



**Volunteer Sign-in**

**Lanes 1 - 30**



## **Spectator Info**

**Parking in Garage and surface lots  
 \$15/daily or \$30/overnight**

**Admission: Adults \$10**

**Ages 13 - 18 \$5, 12 & under free  
 (3 coaches free/team  
 1 coach free/ind group)**

**Wristband valid for all event days**

**Concessions & Vendors on-site**

**Carry in or coolers not permitted inside**

## **Bullseye & 3D Challenge Flights**

**\*Times listed are EST**

**Thurs.  
 & Fri.**

**8:30  
 9:45  
 11:00  
 12:15  
 1:30  
 2:45  
 4:00  
 5:00**

**Sat.**

**8:30  
 9:45  
 11:00  
 12:15  
 1:30  
 2:45**

**3D only:  
 5:00**

**Scholarship Shoot-off  
 followed by Awards  
 Ocean Center Arena**

**Saturday - 4:00**

# 2024 NASP Championship TOURNAMENT

Thursday, June 6th

Ocean Center

101 N Atlantic Ave

Daytona Beach, FL 32118

I give permission for my child, \_\_\_\_\_ to participate in the 2024 NASP Championships that will be held in Daytona Beach, Florida on June 6th, 2024. I understand my child will travel by transportation provided by parents/guardians. Transportation to this event will NOT be furnished by the Allen County Board of Education unless otherwise stated, and that a Rejection of School Transportation Form must be signed. I also understand that all expenses, such as lodging, food, and archery fees for this trip will be the parent/guardian's responsibility.

- ACIC Elementary Team will need to arrive by 9:30am (EST)

**Ocean Center 101 N Atlantic Ave Daytona Beach , FL 32118**

\*ACIC Elementary Team (4th & 5th grade) may leave after the completion of their Bullseye Tournament and Return by 3:00pm to shoot IBO 3D. Parents will keep Archers with them between events.

BULLSEYE FLIGHT TIME 11:00am (EST)

IBO 3D Flight TIME 4:00pm (EST)

- JEBMS will need to arrive by 9:30am (EST)

**Ocean Center 101 N Atlantic Ave Daytona Beach , FL 32118**

\*JEBMS Middle Team may leave after the completion of their Bullseye Tournament and Return by 1:45pm to shoot IBO 3D. Parents will keep Archers with them between events.

BULLSEYE FLIGHT TIME 11:00am (EST)

IBO 3D Flight TIME 2:45pm (EST)

\*All Archers are free to leave with parents after the completion of their IBO 3D Tournament.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ A parent of the child listed above, will be attending the tournament

\_\_\_\_\_ My child will be traveling with someone else: \_\_\_\_\_

# Allen County Public Schools

## Parent/Guardian Field Trip Permission Slip

By signing below, you are stating you are the legal guardian of the student and are giving your permission for \_\_\_\_\_ to participate in the 2024 NASP Championships at Daytona Beach, Florida on Thursday, June 6, 2024. I understand my child will travel by transportation provided by parents/guardians. Transportation to this event will NOT be furnished by the Allen County Board of Education unless otherwise stated, and that a Rejection of School Transportation Form must be signed. I also understand that all expenses, such as lodging, food, and archery fees for this trip will be the parent/guardian's responsibility.

**IN ORDER FOR YOUR CHILD TO PARTICIPATE, THIS FORM MUST BE COMPLETED IN ITS ENTIRETY**

**As this student's legal guardian, you must answer YES OR NO to the following questions (Please circle your answer):**

**Does your child have:**

Epilepsy / Seizures? .....YES NO

An Allergic Condition requiring the use of an Epi-Pen?.....YES NO

Asthma that requires the use of an Inhaler?..... YES NO

Diabetes or Glucagon for treatment of hypoglycemia?.....YES NO

If you answered "YES" to any of the above questions, please provide a detailed explanation of your child's medical treatment: \_\_\_\_\_

Please list any other Medical Conditions: \_\_\_\_\_

Required Medications to be dispensed on field trip: \_\_\_\_\_

Allergies: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

### Medical Release Form

In the event of an emergency during this event, I give permission for \_\_\_\_\_ to be treated at a hospital/clinic/doctor's office.

Child's physician is: \_\_\_\_\_ Insurance Co.: \_\_\_\_\_ Policy No. \_\_\_\_\_

Emergency Phone #1: \_\_\_\_\_ Name: \_\_\_\_\_

## REJECTION OF ALLEN COUNTY SCHOOLS STUDENT TRANSPORTATION

I/We, \_\_\_\_\_, parent(s)/guardian of \_\_\_\_\_, a student at Allen County Scottsville High School, understand that the Allen County School System has offered transportation for my child so that he/she may participate in a school sponsored/related activity(ies) in \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_. I understand that the transportation offered is that of a School Board approved School Bus. I/We, however, have chosen to be solely responsible for \_\_\_\_\_'s transportation to and from and otherwise associated with the activity, and reject the Allen County Schools offer to transport my child. I/We understand that providing private transportation is not required and that the school will provide transportation in the event I/We are unable or unwilling to do so. Furthermore, I/We understand that while providing transportation, the student will not be supervised by school staff and that the parent assumes all responsibility for supervision as a result of our choice to provide private transportation. I/We further expressly represent and agree that the transportation of my child/student in connection with the above referenced trip(s) or activity(ies) will be provided by the legal parent/guardian who is over the age of twenty-one(21). I affirm that \_\_\_\_\_(parent/guardian) will transport my student/child and qualifies as such a person qualified to provide transportation.

I/We agree to hold the Allen County School System, Allen County Board of Education their employees, agents, directors, officers and representatives harmless from any and all damages, injuries, or other liabilities that may be created and/or caused by the transportation I/We have chosen to provide for our child relative to the activity referenced herein.

\_\_\_\_\_  
**Name of Student**

\_\_\_\_\_  
**Name of Parent/Guardian**

\_\_\_\_\_  
**Signature of Parent/Guardian**

**Office Use Only**

\_\_\_\_\_**Approved**

\_\_\_\_\_**Disapproved**

\_\_\_\_\_  
**Superintendent/Designee  
Signature**

**Coach must have these on hand for each archer!!**

**Parent Waiver and Release of Liability Agreement National Archery in the Schools Program Open and Championship Tournament and IBO 3D Challenge, June 6-8 in Daytona, FL**

In consideration and exchange for the opportunity of my child being allowed to participate in the 2024 National Archery in the Schools Program® ("NASP") Open and Championship Tournament and the NASP® IBO 3D Challenge, I agree as follows:

(1) I am the Legal Guardian of \_\_\_\_\_ who has qualified for and is being allowed to participate in the 2024 NASP® Open and Championship Tournament and the NASP® IBO 3D Challenge;

(2) On behalf of my spouse, minor child, our heirs, executors, administrators and assigns, hereby waive, release and forever discharge the NASP®, its officers, directors, employees, volunteers and sponsors from legal liability any and all actions, suits, damages, claims or judgments for damages or expenses that may result from any personal injury, loss of property or property damage, or any other claim, demand, action or right of action, of whatever kind or nature, either in law or in equity, regardless of fault, arising from or by reason of my child being allowed to participate and compete in the 2024 NASP® Open and Championship Tournament and the NASP® IBO 3D Challenge;

(3) In consenting or releasing for my minor child, I (we) do further hereby agree to protect the NASP®, its officers, directors, employees, volunteers and sponsors, against any actions, claims or demands by said minor child or by any other person or persons on account of damages of any character resulting in any way from said minor child's participation and competing in the 2024 NASP® Open and Championship Tournament and the NASP® IBO 3D Challenge. We also hereby agree to reimburse and make good to the NASP® any loss, damage or costs it may have to pay as a result of any such action, claim or demand;

(4) Should it be required during the tournament, I acknowledge that I authorize medical treatment of my child by a qualified medical professional;

(5) I acknowledge I have been advised and made aware that there will be photographers and videographers at the event taking photos of participants during competition, and that I consent to allow NASP® to take pictures of my child and to use any photos, videos or likenesses of my child in future events or promotional efforts without compensation;

(6) I, the undersigned, further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad as inclusive as is permitted by law, and that if any portion of it is held invalid by the appropriate court of competent jurisdiction, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect;

(7) I, the releasor, have read and voluntarily sign this release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made;

(8) I, the releasor, further state that I am of lawful age, am legally competent, and have full legal authority to sign this affirmation and release on behalf of my minor child; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act;

(9) I, the releasor, have fully informed myself of the contents of this affirmation, waiver and release by reading it before signing it with full knowledge of its significance, intending to be legally bound thereby; and

(10) I, the releasor, agree that should any lawsuit or other action, regardless of the nature of the claim arise under this agreement, it shall be brought in a court of competent jurisdiction within the Sheboygan, WI and tried without a jury. All parties to this agreement hereby submit to the jurisdiction of such courts.

Signature of Parent or Legal Guardian:

(name) \_\_\_\_\_

(date) \_\_\_\_\_

(address) \_\_\_\_\_

(school) \_\_\_\_\_