SUMMER PROGRAMS RISK MANAGEMENT ANALYSIS

Please fill out a copy of this form for every program you have planned and follow the submission instructions below. We will review the form and contact you if we have any additional questions or concerns.

School District Name Pullman School District

Contact Person ~~Cameron Grow~~ Josh Bray **Phone Number** 509-334-3411

Name of Activity Boys Basketball **Date of Activity** 6/1/2025-7/31/2025

Type of Activity Summer League Basketball

Describe the Activity

Skills development, scrimmages.

School Facilities or Other Locations to be Used Main Gym, Aux Gym

Grade Levels to be Served 6-8

Activity Supervisor Josh Bray

Supervisor's Credentials and Any Other Appropriate Background Information

Current 8th grade Boys basketball coach, and oversee the boy's program.

Is at least one coach/supervisor first aid and CPR trained? ◉Yes ○No

Emergency Response Plan in Place? ◉Yes ○No

Are coaches and athletics directors trained in required concussion awareness guidelines? ◉Yes ○No

Does the school have Student Accident Insurance? ◉Yes ○No

Please check mark all the following forms you will require from students prior to participation:

- [x] Proof of Student Accident Coverage or Family Medical Plan
- [x] Parent/Guardian Permission
- [x] Emergency Medical Release
- [x] Inherent Dangers of Activity Acknowledgement/Warning
- [x] Medical Exam and/or Current Physical
- [x] Required Lystedt Law Information
- [ ] Other Forms (Please List) _____

Administrator and/or Athletic Director Signature(s) Amy Caessens

Please review the attached best practices guidelines for summer programs and email your completed risk management analyses to asheneman@chooseclear.com by May 15, 2025.
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School District Name Pullman School District

Contact Person Amy Caessens **Phone Number** 425-346-2196

Name of Activity Summer Co-Ed Volleyball **Date of Activity** June 2 - July 1, 2025, 3pm - 5pm

Type of Activity Volleyball

Describe the Activity

Athletes will receive instruction for the first hour and play intramural games during the second hour.

School Facilities or Other Locations to be Used Lincoln Middle School, Main Gym

Grade Levels to be Served Current 6th - 8th graders

Activity Supervisor Amy Caessens

Supervisor's Credentials and Any Other Appropriate Background Information

Current Lincoln Middle School Coach for Volleyball.
First/Aid CPR Card.
Physical Education Teacher.

Is at least one coach/supervisor first aid and CPR trained? ◉Yes ○No

Emergency Response Plan in Place? ◉Yes ○No

Are coaches and athletics directors trained in required concussion awareness guidelines? ◉Yes ○No

Does the school have Student Accident Insurance? ◉Yes ○No

Please check mark all the following forms you will require from students prior to participation:

- ☑ Proof of Student Accident Coverage or Family Medical Plan
- ☑ Parent/Guardian Permission
- ☑ Emergency Medical Release
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Administrator and/or Athletic Director Signature(s) 

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School District Name Pullman school district

Contact Person Ryan Hodge **Phone Number** 509-330-0335

Name of Activity Football summer camp **Date of Activity** June 2 2025 - June 13th 2025

Type of Activity Summer middle school football camp at LMS

Describe the Activity

This camp will give the kids a head start going into next season knowing the new offensive and defensive systems for a small stretch in the summer so when fall comes around the focus can be on more fundamental aspect of football such as tackling leaning blocking schemes and others that will get them prepared for games it also give this upcoming seventh grade class a good introduction into true middle school football and what the are going to see when the season comes around

School Facilities or Other Locations to be Used Lincoln Middle School Pullman football field

Grade Levels to be Served Upcoming 2025-26 7th and 8th grade classes

Activity Supervisor Ryan Hodge

Supervisor's Credentials and Any Other Appropriate Background Information

Is at least one coach/supervisor first aid and CPR trained? ◉Yes ○No

Emergency Response Plan in Place? ◉Yes ○No

Are coaches and athletics directors trained in required concussion awareness guidelines? ○Yes ○No

Does the school have Student Accident Insurance? ◉Yes ○No

Please check mark all the following forms you will require from students prior to participation:

- [x] Proof of Student Accident Coverage or Family Medical Plan
- [x] Parent/Guardian Permission
- [x] Emergency Medical Release
- [x] Inherent Dangers of Activity Acknowledgement/Warning
- [x] Medical Exam and/or Current Physical
- [x] Required Lystedt Law information
- [ ] Other Forms (Please List) _____

Administrator and/or Athletic Director Signature(s) _____

3-10-25

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SUMMER PROGRAMS RISK MANAGEMENT ANALYSIS

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School District Name Pullman School District

Contact Person Marla Haugen **Phone Number** 509-432-6252

Name of Activity Spartan Sprouts **Date of Activity** All Summer

Type of Activity Garden Club

Describe the Activity

We will be maintaining our garden outside the Science Classrooms @ Lincoln Middle School

School Facilities or Other Locations to be Used LMS Garden Space

Grade Levels to be Served 6-8

Activity Supervisor Marla Heugen

Supervisor's Credentials and Any Other Appropriate Background Information

I am the advisor for Spartan Sprouts

Is at least one coach/supervisor first aid and CPR trained? ✓Yes ONo

Emergency Response Plan in Place? ✓Yes ONo

Are coaches and athletics directors trained in required concussion awareness guidelines? OYes ONo

Does the school have Student Accident Insurance? OYes ONo none needed

Please check mark all the following forms you will require from students prior to participation:

- ☐ Proof of Student Accident Coverage or Family Medical Plan
- ☐ Parent/Guardian Permission
- ☐ Emergency Medical Release
- ☐ Inherent Dangers of Activity Acknowledgement/Warning
- ☐ Medical Exam and/or Current Physical
- ☐ Required Lystedt Law information
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Administrator and/or Athletic Director Signature(s) _____

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