2024-2025 **Program Check off Sheet**

	Inventory	Title IX	Summer I.
Girls Soccer			X
Volleyball			X
Cross Country			X
Girls Swimming-Boys			X
Cheerleading			X
Football			X
Boys Basketball			X
Girls Basketball			X
Wrestling			X
Boys Swimming-Girls			X
Dance			—
Girls Bowling			—
Boys Soccer			—
Softball			X
Baseball			—
Girls Tennis-Boys			X
Boys Tennis-Girls			X
Boys Golf			—
Girls Golf			—
Girls Track			X
Boys Track			X
ASB		NO	X
FCCLA		NO	X
FFA		NO	X
Key Club		NO	X
Science Olympiad		NO	X
Music	NO	NO	X
Yearbook		NO	X
Weights		NO	No 2025

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

Contact Person Katie Evermann **Phone Number**

Name of Activity Girls Soccer **Date of Activity** June 2 - July 31

Type of Activity Greyhound Kick Around 8/16/25

Describe the Activity

Fundamental practice
Team practice or scrimmage and or WSU camp
8/16/25 - March in until Festival

School Facilities or Other Locations to be Used PHS fields

Grade Levels to be Served 9-12

Activity Supervisor K. Evermann

Supervisor's Credentials and Any Other Appropriate Background Information

WIAA & Pullman coaches

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
- ☒ Inherent Dangers of Activity Acknowledgement/Warning
- ☒ Medical Exam and/or Current Physical
- ☒ Required Lystedt Law information
- ☐ Other Forms (Please List)

Administrator and/or Athletic Director Signature(s)

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SUMMER PROGRAMS RISK MANAGEMENT ANALYSIS

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School District Name Pullman

Contact Person Megan McNannay **Phone Number** 208-699-0101

Name of Activity Volleyball **Date of Activity** June-July 2025, 8/16/25

Type of Activity Open gyms, summer league, team camp

Describe the Activity

Practices, matches, team camp for fundamental development
8/16/25 - March M Lentil Festival

School Facilities or Other Locations to be Used PHS gym

Grade Levels to be Served 9-12

Activity Supervisor Megan McNannay

Supervisor's Credentials and Any Other Appropriate Background Information

IWIAA Certified Coaches

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
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School District Name Pullman School District

Contact Person Allix Rotratz-Lee **Phone Number** 208-301-2398

Name of Activity Cross Country **Date of Activity** 6/2/25 - 7/31/25, 8/16/25

Type of Activity Practice / Lentil Parade

Describe the Activity

Practice / Lentil Parade march - 8/16/25

School Facilities or Other Locations to be Used PHS Campus

Grade Levels to be Served 9-12

Activity Supervisor Allix Rotratz-Lee

Supervisor's Credentials and Any Other Appropriate Background Information

WIAA & PSD approved Coaches

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
- ☒ Inherent Dangers of Activity Acknowledgement/Warning
- ☒ Medical Exam and/or Current Physical
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Administrator and/or Athletic Director Signature(s) Wendy Jo

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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 Jacob Hogg **Phone Number** 503-360-8722

Name of Activity Swimming- Girls & Boys **Date of Activity** 7/1-7/31, 8/16/25

Type of Activity Swim practice

Describe the Activity

We will be putting on a swim clinic this summer at the Pullman Aquatic Center if there is availability.

8/16/25 March in Lentil Festival

School Facilities or Other Locations to be Used Pullman Aquatic Center

Grade Levels to be Served 9-12

Activity Supervisor Jacob Hogg

Supervisor's Credentials and Any Other Appropriate Background Information

Current Swim Coach. ASCA level 3 high school swim instructor.

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
- ☑ Inherent Dangers of Activity Acknowledgement/Warning
- ☒ Medical Exam and/or Current Physical
- ☒ Required Lystedt Law Information
- ☐ Other Forms (Please List) _____

Administrator and/or Athletic Director Signature(s) Jacob Hogg Digitally signed by Jacob Hogg Date: 2025.03.13 08:45:49 -07'00' 3/14/25

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SUMMER PROGRAMS RISK MANAGEMENT ANALYSIS

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School District Name Pullman School District

Contact Person Willy **Phone Number** 5099812889

Name of Activity Cheer **Date of Activity** 6/10-7/31, 8/16/25

Type of Activity Cheerleading practice

Describe the Activity

Dancing and performing and preparing for the upcoming seaons

School Facilities or Other Locations to be Used Aux Gym, Mat Room, Main Gym, Commons, Football Fiel

Grade Levels to be Served 9-12

Activity Supervisor Willy/Bogle

Supervisor's Credentials and Any Other Appropriate Background Information

Certifed teachers and coaches; stunt certified.

8/16/25-march in Lentil Festival

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
- ☑ Inherent Dangers of Activity Acknowledgement/Warning
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- ☐ Other Forms (Please List) _____

Administrator and/or Athletic Director Signature(s) Wendy Ryan

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SUMMER PROGRAMS RISK MANAGEMENT ANALYSIS

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School District Name Pullman

Contact Person Kevin Agnew **Phone Number** 206-954-0659

Name of Activity Football **Date of Activity** 6/3/25 - 7/31/25, 8/16/25

Type of Activity Football, Summer Weights, Conditioning

Describe the Activity

Spring Football Practice, Weight Training and Conditioning/Speed Development

8/16/25 - March in Lentil Festival

School Facilities or Other Locations to be Used Football Field, Weight Room, Gym

Grade Levels to be Served 8-12

Activity Supervisor Kevin Agnew

Supervisor's Credentials and Any Other Appropriate Background Information

Head Football Coach + assistants, WIAA + PSD Approved

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
- ☒ Inherent Dangers of Activity Acknowledgement/Warning
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SUMMER PROGRAMS RISK MANAGEMENT ANALYSIS

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School District Name Pullman School Dist

Contact Person Craig Brantner **Phone Number** 509-334-1551

Name of Activity Boys Basketball **Date of Activity** 6-2 7-31-2025, 8/16/25

Type of Activity Basketball practice, fundamentals, Conditioning, Weight Lifting

Describe the Activity

Practice
Fundamentals
Conditioning
Weight Lifting

8/16/25 march in Until Festival

School Facilities or Other Locations to be Used Gym, Wright Room, Fitness Room

Grade Levels to be Served 9-12

Activity Supervisor Craig Brantner Head Coach

Supervisor's Credentials and Any Other Appropriate Background Information

Craig Brantner Coach
Travis Brown Coach
Rick Smith Coach
Mark Imler Coach
Jake Wells Coach
Mike Grause Coach

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
- ☒ Inherent Dangers of Activity Acknowledgement/Warning
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Administrator and/or Athletic Director Signature(s) Wendy Jo 3/14/25

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SUMMER PROGRAMS RISK MANAGEMENT ANALYSIS

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School District Name Pullman

Contact Person Angela Barbour **Phone Number** 479 595 9411

Name of Activity Basketball **Date of Activity** 6-2-25 to 7-31-25, 8/16/25

Type of Activity Basketball Practice

Describe the Activity

Basketball practices to prepare for Summer Leagues + Tournaments.

8/16/25 March in Central Festival

School Facilities or Other Locations to be Used PHS Main + Anx Gyms

Grade Levels to be Served 9-12

Activity Supervisor Angela Barbour

Supervisor's Credentials and Any Other Appropriate Background Information

Head Basketball Coach

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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School District Name Pullman School District

Contact Person Colton Peterson **Phone Number** 360-536-8060

Name of Activity PHS Wrestling **Date of Activity** 6/2 - 7/31/25, 8/16/25

Type of Activity Practices

Describe the Activity

Practices to develope fundamental wrestling skills

8/16/25 March in the Lentil Festival

School Facilities or Other Locations to be Used PHS Mat room

Grade Levels to be Served 9-12

Activity Supervisor Colton Peterson

Supervisor's Credentials and Any Other Appropriate Background Information

WIAA & PSD Certified Coach

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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School District Name PULLMAN SCHOOL DISTRICT

Contact Person HAYLEE FISHBACK **Phone Number** 208-227-4019

Name of Activity PHS SOFTBALL **Date of Activity** JUNE, JULY, 2025, 8/16/25

Type of Activity SOFTBALL

Describe the Activity

STUDENTS WILL PRACTICE SOFTBALL SKILLS

8/16/25 March in Lentil Festival

School Facilities or Other Locations to be Used PHS SOFTBALL FIELDS

Grade Levels to be Served 9-12th

Activity Supervisor HAYLEE FISHBACK

Supervisor's Credentials and Any Other Appropriate Background Information

HEAD SOFTBALL COACH FOR PHS

PE TEACHER IN PSD

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) _____

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School District Name Pullman School District 267

Contact Person Cody Wendt **Phone Number** 208-301-1658

Name of Activity Tennis - Girls Boys **Date of Activity** Mondays June through July 7/31/25, 8/4/25

Type of Activity Practice

Describe the Activity

We hold Monday afternoon/evening Pullman Greyhound tennis practices for current and incoming athletes.

8/16/25 - March in Lentil Festival

School Facilities or Other Locations to be Used Tennis courts

Grade Levels to be Served 9-12

Activity Supervisor Dan Vollmer, Cody Wendt

Supervisor's Credentials and Any Other Appropriate Background Information

Head coaches of Pullman girls' and boys' tennis

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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School District Name Pullman School District

Contact Person Allix Rotratzlee & Robby Flores **Phone Number** 208-301-2398

Name of Activity Pltr Track + Field **Date of Activity** 6/2/25 - 7/31/25, 8/16/25

Type of Activity Practice + Team March

Describe the Activity

Fundamental practices, 8/16/25 team march in Lentil Festival - & Coaching after 7/31/25

School Facilities or Other Locations to be Used Pltr Track & Field

Grade Levels to be Served 9-12

Activity Supervisor Allix Rotratzlee & Robby Flores

Supervisor's Credentials and Any Other Appropriate Background Information

WIAA & PSD approved Coaches

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) Wendy Ryan

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SUMMER PROGRAMS RISK MANAGEMENT ANALYSIS

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School District Name Pullman School District

Contact Person Willy **Phone Number** 5099812889

Name of Activity ASB **Date of Activity** 6/10-8/31

Type of Activity ASB Meeting and Prep

Describe the Activity

Meeting to plan student government events for the upcoming school year.

School Facilities or Other Locations to be Used U213; Main Gym; Aux Gym; Commons.

Grade Levels to be Served 9-12

Activity Supervisor Willy

Supervisor's Credentials and Any Other Appropriate Background Information

Certifed 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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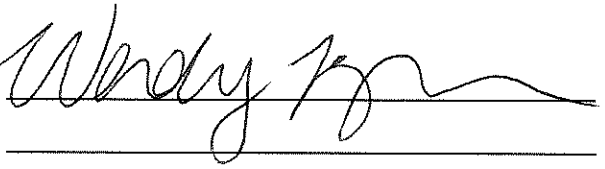
- ☐ Medical Exam and/or Current Physical
- ☐ Required Lystedt Law information
- ☐ Other Forms (Please List) _____

Administrator and/or Athletic Director Signature(s) 

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School District Name Pullman School District

Contact Person Jill Bickelhaupt/Altaira Bogle **Phone Number** 509-520-4976

Name of Activity FCCLA National Leadership Conf. **Date of Activity** June 2025-July 2025

Type of Activity FCCLA National Competitions and Leadership Workshops

Describe the Activity

Students will attend the FCCLA National Leadership Conference to present their project that have qualified for the national competition. They will also attend leadership workshops.

School Facilities or Other Locations to be Used None

Grade Levels to be Served Grades 9 - 12

Activity Supervisor Jill Bickelhaupt/Altaira Bogle

Supervisor's Credentials and Any Other Appropriate Background Information

We are both teachers and advisors.

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
- ☑ Inherent Dangers of Activity Acknowledgement/Warning
- ☑ Medical Exam and/or Current Physical
- ☑ Required Lystedt Law information
- ☐ Other Forms (Please List) _____

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SUMMER PROGRAMS RISK MANAGEMENT ANALYSIS

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School District Name Pullman School District

Contact Person Robert Matthews **Phone Number** 509-860-4616

Name of Activity FFA Officer training & CDE prep **Date of Activity** 6/16/25, 8/8 & 8/11/25

Type of Activity FFA preparation

Describe the Activity

We will be working as an officer team to prepare for the next school year. Also, we work with our competition teams to prepare for activities such as Livestock judging at our Palouse Empire fair.

School Facilities or Other Locations to be Used PHS Ag Room

Grade Levels to be Served 10-12

Activity Supervisor Robert Matthews

Supervisor's Credentials and Any Other Appropriate Background Information

22 years of teaching and FFA advising.

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
- ☐ Inherent Dangers of Activity Acknowledgement/Waiver
- ☐ Medical Exam and/or Current Physical
- ☐ Required Lystedt Law information
- ☐ Other Forms (Please List) _____

Administrator and/or Athletic Director Signature(s): Wendy Jo 3/24/25

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School District Name Pullman School District

Contact Person Kristen Coke-Sutton **Phone Number** 805-252-7026

Name of Activity Key Club Summer Meetings **Date of Activity** June 2025-August 2025

Type of Activity Key Club Meetings & Service Event

Describe the Activity

Key Club officers and advisor will attend one Kiwanis meeting (date TBD) at Gladish. We will also help Kiwanis at PHS with their Stuff the Bus fundraiser (date TBD). Additionally the officers and advisor will meet at PHS over the summer to plan the upcoming Key Club year.

School Facilities or Other Locations to be Used PHS Library

Grade Levels to be Served 9-12

Activity Supervisor Kristen Coke-Sutton

Supervisor's Credentials and Any Other Appropriate Background Information

I am the Pullman School District librarian & Key Club advisor.

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
- ☑ Inherent Dangers of Activity Acknowledgement/Warning
- ☐ Medical Exam and/or Current Physical
- ☐ Required Lystedt Law information
- ☐ Other Forms (Please List) _____

Administrator and/or Athletic Director Signature(s) _____

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.

Please keep original versions of this document for your records.

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

Name of Activity Science Olympiad **Date of Activity** 6/13/25 – 8/26/25

Type of Activity Academic Clulb

Describe the Activity

Working to organize the upcoming year and planning activities.

School Facilities or Other Locations to be Used Lincoln MIddle School Room 505

Grade Levels to be Served 9-12

Activity Supervisor Marla Haugen

Supervisor's Credentials and Any Other Appropriate Background Information

Middle and High School Sci Oly team coach for 6 years.

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

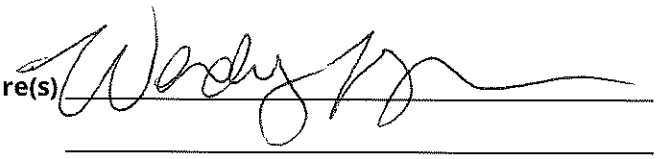
Emergency Response Plan in Place? ⊙Yes ○No

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
- ☐ Inherent Dangers of Activity Acknowledgement/Warning
- ☐ Medical Exam and/or Current Physical
- ☐ Required Lystedt Law information
- ☐ Other Forms (Please List) _____

Administrator and/or Athletic Director Signature(s) 

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School District Name Pullman School District

Contact Person Andrew Mielke **Phone Number** 509.332.1551

Name of Activity PHS Band + LMS Band **Date of Activity** 8/14/25, 8/15/25, 8/16/25

Type of Activity Marching Band

Describe the Activity

The Pullman High School Band will join with the Lincoln Middle School Band in marching in Pullman's Lentil Parade. We will practice the week before at LMS, and then march in the parade. No transportation provided by the school district.

School Facilities or Other Locations to be Used LMS Band Room and Track

Grade Levels to be Served 6-12

Activity Supervisor Andrew Mielke + Joe Covill

Supervisor's Credentials and Any Other Appropriate Background Information

Mr. Mielke and Mr. Covill are both certificated teachers.

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
- ☐ Inherent Dangers of Activity Acknowledgement/Warning
- ☐ Medical Exam and/or Current Physical
- ☐ Required Lystedt Law information
- ☐ Other Forms (Please List) _____

Administrator and/or Athletic Director Signature(s) _____

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SUMMER PROGRAMS RISK MANAGEMENT ANALYSIS

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School District Name Pullman School District

Contact Person Melissa Mayer **Phone Number** 5094326256

Name of Activity Yearbook **Date of Activity** 7/29-8/1

Type of Activity Yearbook Camp

Describe the Activity

Yearbook Camp at Gonzaga put on by Varsity Yearbook. Will be in a variety of classes, designing next year's yearbook, etc.

School Facilities or Other Locations to be Used n/a

Grade Levels to be Served 11th&12th graders

Activity Supervisor Melissa Mayer

Supervisor's Credentials and Any Other Appropriate Background Information

Yearbook Advisor

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
- ☑ Inherent Dangers of Activity Acknowledgement/Warning
- ☐ Medical Exam and/or Current Physical
- ☐ Required Lystedt Law information
- ☐ Other Forms (Please List) _____

Administrator and/or Athletic Director Signature(s) 3/24/25

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