# CHIPPEWA VALLEY SCHOOLS
# CAMP/CLINIC/LEAGUE
# APPROVAL PACKET CHECKLIST

*****Submit to Dana Andrzejewski at least TWO weeks prior to start of registration*****
**ALL BOXES MUST BE CHECKED PRIOR TO APPROVAL - INCOMPLETE FORMS WILL BE RETURNED TO YOU**

| Check ✓ Box | |
|---|---|
| ☐ | WORKER AUTHORIZATION FORM - CAMP/CLINIC/LEAGUE (complete columns A, B, & C only)<br>*Please indicate who will/won't be paid* |
| ☐ | ***STUDENT INFO FORMS filled out*** |
| ☐ | CAMP/CLINIC/LEAGUE FUNDRAISER / CASH COLLECTION FORM (completed) |
| ☐ | Important camp information form (completed) |
| ☐ | Community Use of School Facilities/Grounds form (completed and approved copy) |
| ☐ | Flyer Checklist (completed) |
| ☐ | Include a flyer (draft version) |
| | *FOR ALL NON-PAID VOLUNTEERS 18 & OVER* |
| ☐ | Completed Volunteer Criminal Record Checks (CRC); form is included with packet |
| ☐ | Make copy of completed packet for your records |

*****TIMESHEETS FOR ALL WORKERS (HOURLY & LUMP) MUST BE SUBMITTED TO MICHELE BENDZINSKI AFTER EVENT IS COMPLETE; if workers are volunteers or pay is being declined, send e-mail to Michele Bendzinski as supporting documentation*****

**Submitted By:** _____ (Signature - Coach/Sponsor) _____ Date

**Approval Packet In-Take:** _____ (Signature - Dana Andrzejewski ) _____ Date

**Community Ed. Approval** _____ (Signature - Jim Fields) _____ Date

**Registration Number:** _____

# CHIPPEWA VALLEY SCHOOLS
# ATHLETICS

## MAXIMUM COMPENSATION CALCULATIONS FOR CAMP, CLINIC, AND LEAGUE WORKERS

*Effective 09/01/2026*

League Directors

- $1,000 plus 6% of revenue (net of cancellations and refunds)

Camp and Clinic Directors

- $750 for up to 100 paid registrations plus $22.46/hr
- $1,000 for over 100 paid registrations plus $22.46/hr
- $1,250 for over 150 paid registrations plus $22.46/hr

Additional Coaches, Supervisor, and Directors

- $22.46/hr (Maximum)

League Workers

- Adults – Site Supervisors and $22.46/hr
- High School Students – $15.00

# Camp/Clinic/League FAQ's

## How do I pay expenses for my Camp/Clinic/League?

Send original invoices or check requests to Michele Bendzinski, Adult & Community Ed. Bookkeeper, at the Administration Building. All invoices must be signed and dated to confirm receipt of items and pricing. District guidelines regarding purchasing procedures and quotes must be adhered to.

## How do I get the money into my internal account?

Profits from the event will be transferred to your school's internal account only after all expenses for the Camp/Clinic/League have been paid (including pay for employees). Provide Michele Bendzinski with the internal account ASN number in which the funds should be transferred into.

## Why does it take so long to get my employees paid?

Utilizing the Worker Authorization Form requires a listing of all individuals expected to work the event. This document is to be submitted 2 weeks prior to open registration, and allows HR the necessary time to confirm employee status. If the individual is not a current employee or we are in need updated information, including pertinent background checks, it will be resolved prior to working the event. This procedure will not only ensure the requirements of HR are followed, it also allows for timely payroll processing upon completion of your Camp/Clinic/League.

## Why can't I just pay my Camp/Clinic/League expenses through my internal account?

It is important that all expenditures for the Camp/Clinic/League are processed through the Camp/Clinic/League ASN's in the General Fund. Expenditures for Camp/Clinic/League activities are funded via the revenue received from registration fees charged to the participants. In order to account for this properly, you must utilize your Camp/Clinic/League ASN's and have the payment processed through Michele Bendzinski in the business office.

## I don't know who I will have working my Camp/Clinic/League yet. Can I submit the Worker Authorization Form later?

It is extremely important to have the individuals who you plan to work your event(s) included on the initial Worker Authorization Form which must be submitted with your packet. This

requirement is necessary in order for Human Resources to have sufficient time to process hiring paperwork and/or run the necessary background checks that protect you and the district from potential liability. Although this will require some additional pre-planning well in advance of your actual Camp/Clinic/League schedule, it ensures our students are safe and your workers can be paid in a timely manner.

### I don't know how many workers I will need?

Since the Worker Authorization Form needs to be submitted with your completed packet 2 weeks prior to open registration, it would be best to plan for more workers than not enough. Feel free to list potential "alternates" on your Worker Authorization Form so Human Resources can move forward with all required paperwork and background checks. If you do not utilize that worker, you will simply communicate that information to Michele Bendzinski upon finalizing your Camp/Clinic/League and submitting timesheets for your other workers. If unsure, plan for more than you need, if you get in a pinch, you already have pre-approval from Human Resources for these "alternate" workers to fill a void in your Camp/Clinic/League.

# DISTRICT GAME MANAGEMENT AND CAMP/CLINIC/LEAGUE TIMESHEET

*Please Print:*

Name: _____ Employee ID # _____

***CIRCLE one LOCATION and one ASN :***

| Chippewa | Algonquin | Wyandot | Dakota | Iroquois | Seneca |
|---|---|---|---|---|---|
| 40240 (Regular Season) | 40526 (MHSAA Events) | 40246 (MAC Events) | 40418 (Regular Season) | 40445 (MHSAA Events) | 40420 (MAC Events) |

Invite/Tournament Internal ASN _____ Invite/Tournament Internal ASN _____

| Event Date mm/dd/yyyy | Time | | Description of Event/Work Performed | Total Hours |
|---|---|---|---|---|
| | In | Out | | |
| | | | | |
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| | | | | |

Rate of Pay $ _____ Grand Total Hours: _____

Worker Signature: _____

AD Signature: _____ Date: _____

| Position | Rate per Hour |
|---|---|
| Announcer – High School | $15.27 |
| Crowd Control – Middle School | $15.00 |
| Crowd Control – High School | $15.27 |
| Event Facilitator – FR | $15.27 |
| Event Facilitator – JV Varsity | $22.14 |
| Football – Middle School (Chains, Field Set Up/Take Down, Spotter) | $15.00 |
| Football – High School (Chains, Field Set Up/Take Down, Spotter) | $15.27 |
| Scorer – Middle School | $15.00 |
| Scorer – High School | $15.27 |
| Student Worker (9th – 12th Grade) | $15.00 |

| Position | Rate per Hour |
|---|---|
| Ticket Manager – Fall | $800 (Season) |
| Ticket Manager – Spring | $650 (Season) |
| Ticket Worker | $15.00 |
| Timer – Middle School | $15.00 |
| Timer – High School | $15.27 |
| Track (Event Coordinator, Finish Line, Head Timer, Scorer) | $18.09 |
| Track (Meet Recorder, Runner) | $15.00 |
| Volleyball Line Judge – High School | $15.00 |
| Weight Room | $15.27 |
| | |

| CAMPS/CLINICS/LEAGUES | |
|---|---|
| League Directors | $1,000 plus 6% revenue |
| Coach/Supervisor | $22.46 |
| Adults-Site Supervisors and Referees | $22.46 |

| | |
|---|---|
| Camp/Clinic Directors<br>*$750 for up to 100 paid registrations plus hrly<br>*1,000 for up to 100 paid registrations plus hrly<br>*1,250 for up to 150 paid registrations plus hrly | $22.46 |
| High School Students | $15.00 |

# EDUSTAFF GAME MANAGEMENT AND CAMP/CLINIC/LEAGUE TIMESHEET

*Please Print:*

Name: _____ Employee ID # _____

***CIRCLE one LOCATION and one ASN :***

| Chippewa | Algonquin | Wyandot | Dakota | Iroquois | Seneca |
|---|---|---|---|---|---|
| 40244 (Regular Season) | 40245 (MHSAA Events) | 40242 (MAC Events) | 40444 (Regular Season) | 40419 (MHSAA Events) | 40446 (MAC Events) |

Invite/Tournament Internal ASN _____ Invite/Tournament Internal ASN _____

| Event Date mm/dd/yyyy | Time | | Description of Event/Work Performed | Total Hours |
|---|---|---|---|---|
| | In | Out | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Rate of Pay $ _____ Grand Total Hours: _____

Worker Signature: _____

AD Signature: _____ Date: _____

| Position | Rate per Hour |
|---|---|
| Announcer – High School | $15.27 |
| Crowd Control – Middle School | $15.00 |
| Crowd Control – High School | $15.27 |
| Event Facilitator – FR | $15.27 |
| Event Facilitator – JV Varsity | $22.14 |
| Football – Middle School (Chains, Field Set Up/Take Down, Spotter) | $15.00 |
| Football – High School (Chains, Field Set Up/Take Down, Spotter) | $15.27 |
| Scorer – Middle School | $15.00 |
| Scorer – High School | $15.27 |
| Student Worker (9th – 12th Grade) | $15.00 |

| Position | Rate per Hour |
|---|---|
| Ticket Manager – Fall | $800 (Season) |
| Ticket Manager – Spring | $650 (Season) |
| Ticket Worker | $15.00 |
| Timer – Middle School | $15.00 |
| Timer – High School | $15.27 |
| Track (Event Coordinator, Finish Line, Head Timer, Scorer) | $18.09 |
| Track (Meet Recorder, Runner) | $15.00 |
| Volleyball Line Judge – High School | $15.00 |
| Weight Room | $15.27 |
| | |

| CAMPS/CLINICS/LEAGUES | |
|---|---|
| League Directors | $1,000 plus 6% revenue |
| Coach/Supervisor | $22.46 |
| Adults-Site Supervisors and Referees | $22.46 |

| | |
|---|---|
| Camp/Clinic Directors<br>*$750 for up to 100 paid registrations plus hrly<br>*1,000 for up to 100 paid registrations plus hrly<br>*1,250 for up to 150 paid registrations plus hrly | $22.46 |
| High School Students | $15.00 |

# Community Education Camp/Clinic

# STUDENT & FAMILY INFORMATION SHEET

## I. Student Information

**Student Full Name (First, Middle, Last):** _____

**Student ID Number:** _____ | **School:** _____

**Date of Birth (MM/DD/YYYY):** _____ | **Student Cell Phone:** _____

**Student Email:** _____

**Home Address:** _____

## II. Parent / Guardian Information

***Parent / Guardian 1***

**Full Name:** _____ | **Relationship:** _____

**Cell Phone:** _____ | **Work Phone:** _____

**Email Address:** _____

**Best way to contact:** [ ] Cell Phone [ ] Work Phone [ ] Email

## III. Emergency & Medical Quick-Notes

**Emergency Contact (If parents unreached):**

_____

**Relationship to Student:** _____ | **Phone:** _____

**Allergies or Medical Conditions we should know about:**

_____

## IV. Acknowledgement & Signatures

**Parent/Guardian Signature:** _____ | **Date:** _____

**Student Signature:** _____ | **Date:** _____

# CHIPPEWA VALLEY SCHOOLS
# CAMP/CLINIC/LEAGUE
# FLYER CHECKLIST

Check ✓ Box

- ☐ Full Name of Event
- ☐ Registration Number **(assigned by Dana Andrzejewski after Packet approval)**
- ☐ Cost Per Person (including any reduced rates, discounts)
- ☐ Date, Time, Location (rain date if applicable)
- ☐ Coach/Sponsor Contact Name, E-Mail & Phone Number
- ☐ Last Day of Registration
- ☐ List Amenities (price includes lunch, t-shirt, etc.)
- ☐ Payment Policy:
  - Payments must be made on-line at https://chippewavalleyschools.ce.eleyo.com OR In person or by mail to Chippewa Valley Schools-Adult & Community Ed.

    ***Administration Office:*** ***19120 Cass Ave, Clinton Twp 48038***
    ***Little Turtle:*** ***50375 Card Rd, Macomb 48044***

  - Cash, Check, VISA, Mastercard, all acceptable payment methods
  - $20 fee assessed on returned checks
  - Withdrawals:
    Full refund less $8.00 processing fee through --/--/-- (date)
    50% refund less $8.00 processing fee through --/--/-- (date)
    No refunds will be given after --/--/-- (date)
  - Payment is DUE IN FULL at time of registration
  - Coaches cannot accept registration payments
- ☐ Remittance Stub (must include):
  - Full Name of Event
  - Registration Number
  - Date
  - Cost
  - Required Info (if any) - i.e. shirt size
  - Blank line - Participant's Name
  - Blank Line - Date of Birth
  - Blank Line - Parent Name
  - Blank Line(s) - Address
  - Blank Line - Phone Number
  - Blank Line - E-Mail
  - Method of Payment (cash, check, credit)
  - Blank Line - Credit Card #
  - Blank Line - Credit Card Exp. Date
  - Blank Line - Name of Cardholder

**Chippewa Valley Schools**

# WORKER AUTHORIZATION FORM - CAMP/CLINIC/LEAGUE

School/Department: _____ Requested by: _____ Date: _____
Coach/Sponsor

Event: _____

Date(s) of Event: _____ Approved by: _____ Date: _____
Athletic Director

**COMPLETED BY COACH/SPONSOR** — **COMPLETED BY HR & BUSINESS DEPARTMENTS**

## AUTHORIZATION TO WORK — AUTHORIZATION TO PAY

| A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|
| WORKER INFORMATION REQUIRED | RECEIVING PAY-Y/N | 18 OR OVER-Y/N | HR USE ONLY EMPLOYEE ID NUMBER | HR USE ONLY APPROVAL INITIAL/DATE | BUSINESS DEPT. USE ONLY ASN | BUSINESS DEPT. USE ONLY VERIFY FUNDS INITIAL/DATE | HR USE ONLY HOURLY RATE | HR USE ONLY LUMP SUM $ | HR USE ONLY APPROVAL INITIAL/DATE |
| Worker Name: | | | | | | | | | |
| Phone No.: | | | | | | | | | |
| Job Description: | | | | | | | | | |
| Worker Name: | | | | | | | | | |
| Phone No.: | | | | | | | | | |
| Job Description: | | | | | | | | | |
| Worker Name: | | | | | | | | | |
| Phone No.: | | | | | | | | | |
| Job Description: | | | | | | | | | |
| Worker Name: | | | | | | | | | |
| Phone No.: | | | | | | | | | |
| Job Description: | | | | | | | | | |
| Worker Name: | | | | | | | | | |
| Phone No.: | | | | | | | | | |
| Job Description: | | | | | | | | | |
| Worker Name: | | | | | | | | | |
| Phone No.: | | | | | | | | | |
| Job Description: | | | | | | | | | |
| Worker Name: | | | | | | | | | |
| Phone No.: | | | | | | | | | |
| Job Description: | | | | | | | | | |
| Worker Name: | | | | | | | | | |
| Phone No.: | | | | | | | | | |
| Job Description: | | | | | | | | | |
| Worker Name: | | | | | | | | | |
| Phone No.: | | | | | | | | | |
| Job Description: | | | | | | | | | |

# IMPORTANT CAMP INFORMATION FORM

## Forms must be completed IN FULL to reduce miscommunication for registration practices desired by coach.

Is an out of district student accepted? : Y / N

Is this restricted to a team or subset of students? : Y / N

What are the restrictions? _____

Student age Range: _____

What information is required to be collected from students in registration? (Such as grade, T-shirt Size, etc.)

_____

Last day of registration advertised on flyer. : _____

Actual Last day of registration: _____

(Continue registration past last day?) Y / N

Are you sure the last day of registration falls on a workweek Y / N

Class Camp/Clinic/League Minimum Size: Y / N

If so, list the minimum #: _____

Class Camp/Clinic/League Size: Y / N

If so, list the maximum #: _____

Do you want to be contacted for exceptions to any of these rules, if a parent asks for an exception?

Y / N

## *CAMP/CLINIC/LEAGUE FUNDRAISER / CASH COLLECTION FORM*

Name of Event: _____ Date of Event: _____

Event held at: _____

Coach/Sponsor: _____ Phone:

Name of Account/Fund(s) to Profit: _____ ***ASN #:***

Description of Fundraiser: _____

| | | | | | | | | Bus. Office Use Actual |
|---|---|---|---|---|---|---|---|---|
| **Projected Revenue:** | _____ | **Participants** | **x** | _____ | **Fee** | **= $** | _____ | |
| **Projected Expenses:** | | | | | | | | |
| Registration Fee | _____ | Participants | x | $ 5.00 | Cost | = $ | _____ | |
| Facility Use Fee: | | | | | | $ | _____ | |
| Custodial Fee: | | | | | | $ | _____ | |
| Compensation Expense: | | | | | | | | |
| Employee | | | | | | | | |
| Payroll | | | | | | $ | _____ | |
| FICA - 7.65% | | | | | | $ | _____ | |
| Retirement - % Rate Varies | | | | | | $ | _____ | |
| Non-Employee | | | | | | $ | _____ | |
| Other Expenses: | | | | | | | | |
| _____ | | | | | | $ | _____ | |
| _____ | | | | | | $ | _____ | |
| _____ | | | | | | $ | _____ | |
| _____ | | | | | | $ | _____ | |
| _____ | | | | | | $ | _____ | |
| _____ | | | | | | $ | _____ | |
| **Total Projected Expenses:** | | | | | | $ | _____ | |
| | | | | | **TOTAL PROJECTED NET INCOME** | **$** | | |

Coach/Sponsor Signature: _____ Date: _____

Approved ☐ Not Approved ☐

Athletic Director: _____ Date: _____

Building Principal: _____ Date: _____

# Chippewa Valley Schools
# Community Use of School Facilities/Grounds

Date of Application _____ Schedule Number _____

Organization _____ Troop, Den, Pack#/Name _____

Contact Name (Printed) _____ GROUP TYPE 1 2 3 4

Street Address _____ City/State/Zip _____

Phone # _____ 2nd Phone # _____

E-mail Address _____

Contact Name / Address / Phone # - for billing responsibility

---

Event _____

Building _____

Room(s) _____

Date(s) _____ Day of Week_____ Saturday _____

Recurrence (Weekly, 3rd Thurs., Monthly, etc.) _____

Start Time _____ End Time _____ Total Hours _____

Approx # Attending _____ Is There an Admission Charge for the Event? Circle One: Yes / No

Extra Custodial Needs (Extra Chairs/Tables, etc.)

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Is Food Being Served? Yes / No (Circle One)

Is kitchen access required? Yes / No (Circle One)

Other Notes:

---

| Type of Fee | Hours | Fee Per Hour | |
|---|---|---|---|
| Facility Fee | | $ | |
| Equipment Fee | | $ | |
| Custodial Fee | | $ | |
| Cafeteria Fee | | $ | |
| Other | | $ | |
| Other | | $ | |
| Other | | $ | |
| Other | | $ | |
| Other | | $ | |
| | | Total | $ - |

**SPECIAL INSTRUCTIONS**

**All fees due in full 10 days prior to event.** Send all payments to Chippewa Valley Schools, Attn: Business Office, 19120 Cass Avenue, Clinton Twp., MI 48038

In signing this form, I certify that I have read the Chippewa Valley School District Facility Use document that is attached to this form. I agree to strictly observe these guidelines and I accept responsibility for the enforcement of them. I agree to protect the premises and indemnify the District for any damage due to the occupancy of the building covered by this permit. I understand and agree that this permit may be revoked or cancelled at any time, with or without cause, and that in the event of such revocation or cancellation, there shall be no claim or right to damages or reimbursement on account of any loss, damages, or rights of action directly or indirectly growing out of the use of the premises covered by this permit. Liability: As user, I agree to assume full responsibility for injury to persons and damage to property during the time facilities are used under this agreement.

Signature of Applicant _____ Address _____ City/State ZIP _____ Phone # _____

Building Administrator Signature _____ Title _____ Date _____ Business Department Signature _____ Title _____ Date _____

Hold Harmless _____ Insurance _____ Schedule # _____ Invoice _____ Payment _____

# AUTHORIZATION TO RELEASE INFORMATION

**Chippewa Valley Schools**
**Human Resources**

## Volunteer Criminal Record Check

Please complete this form and return it along with a copy of your Driver's License and/or Michigan ID card in a sealed envelope to the camp/clinic/league Director. **All fields are required** by the Michigan State Police in order to process the record check. The Chippewa Valley Schools Human Resources office will submit this information through a secure web site operated by the Michigan State Police. You will be contacted by mail by Human Resources only if there are questions about the criminal record check. This form and the record check will be filed in a secure location in the Human Resources Department. Your cooperation with this process is appreciated as it assists us with assuring the safety and well being of all of our students.

**PLEASE NOTE:**

1. **If you have been convicted of a "listed offense" as defined in section 2 of the Sex Offender Registration Act you are prohibited from volunteering.**
2. **All other Felony and Misdemeanor offenses will be subject to a targeted screen and you may be further questioned.**
3. **If you are convicted of a crime after filling out this form please notify Tamara Crossley in the Human Resources Department at 586-723-2090 or by email at tcrossley@cvs.k12.mi.us. Do not contact the camp/clinic/league Director.**

Thank you for your interest in serving as a volunteer with the Chippewa Valley Schools.

**********

**(PRINT NAME)**

_____ _____ _____

**FIRST NAME** **MIDDLE NAME** **LAST NAME**

I hereby authorize the Chippewa Valley Schools to request the Michigan State Police Central Record Division to release any information regarding criminal records I may have to the Chippewa Valley School.

_____ _____ _____

**SIGNATURE** **DATE** **GENDER(MALE/FEMALE)**

**RACE: Please Check One:**

- ☐ Caucasian
- ☐ African American
- ☐ Asian or Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Unknown /Other

_____

**DATE OF BIRTH**
**(Month/Day/Year)**

**Address:** _____

**City:** _____ **State:** _____ **ZIP** _____

**Daytime Telephone #** _____

**School Building Name** _____ **Teacher Name** _____

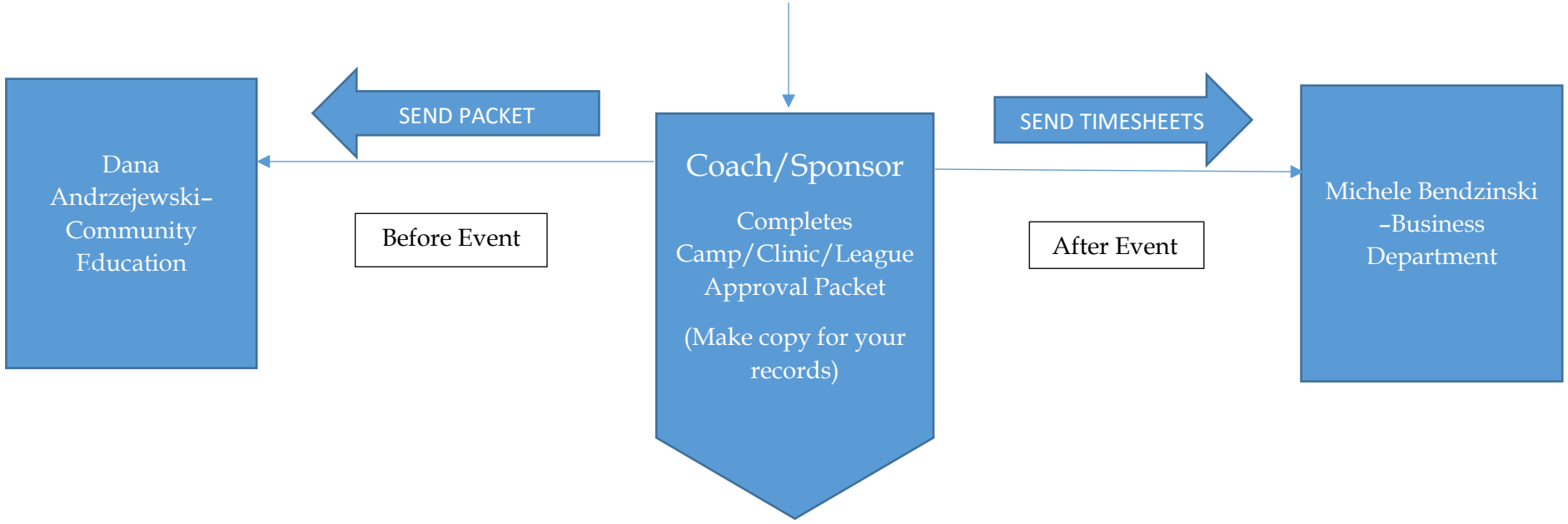
| Camp/Clinic/League volunteering for | Director of Camp/Clinic/League |
|---|---|
| | |
| | |

****A COPY OF YOUR DRIVER'S LICENSE AND/OR MICHIGAN ID CARD MUST ACCOMPANY THIS FORM.**

NOTICE OF NONDISCRIMINATION It is the policy of Chippewa Valley Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, genetics, gender, age, disability, height, weight, or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Assistant Superintendent of Human Resources, Chippewa Valley Schools Administration, 19120 Cass Avenue, Clinton Township, MI 48038 Phone: 586-723-2090 / Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Director of Special Services, (same address) Phone: 586-723-2180

# COACH/SPONSOR
# CAMP/CLINIC/LEAGUE WORKFLOW CHART

TWO WEEKS PRIOR TO OPEN REGISTRATION



# ADMINISTRATION BUILDING
# CAMP/CLINIC/LEAGUE WORKFLOW CHART

TWO WEEKS PRIOR TO OPEN REGISTRATION

**Community Education-**

Dana Andrzejewski receives completed APPROVAL PACKET CHECKLIST, obtains approval from Jim Fields, assigns Registration Number and distributes; notifies Coach/Sponsor of Registration Number

**Coach/Sponsor**

Completes Camp/Clinic/League Approval Packet

Before Event

After Event

**Business Department**

Michele Bendzinski receives timesheets, or e-mail confirming no pay, for all workers (hourly and lump) from Coach/Sponsor, bills for final expenditures of Camp/Clinic/League; assigns ASN and verifies funds on WORKER AUTHORIZATION FORM

**Human Resources**

Michael Mann receives original WORKER AUTHORIZATION FORM from Dana Andrzejewski, confirms Employee ID and worker status; notifies Coach/Sponsor via e-mail confirming worker approval

**Business Department**

Michele Bendzinski receives full copy of APPROVAL PACKET CHECKLIST w/ Registration Number

**Human Resources ⇨ Business Department**

Michael Mann passes WORKER AUTHORIZATION FORM to Michele Bendzinski; Michele Bendzinski to hold until after completion of Camp/Clinic/League

**Human Resources**

Michael Mann contacts Edustaff to approve pay to camp workers

**Business Department**

Michele Bendzinski transfers profits into internal account