

San Dieguito Union High School District Independent Study Physical Education (ISPE) Coach Application

This ISPE Coach Application is a part of the Student ISPE Application. Parents/students will submit complete coach paperwork to the district as a digital attachment (virtual application) or a hard copy.

Coaches supporting multiple athletes may prepare copies of required coaching certifications, liability insurance, and CPR/First Aid certification to streamline the Coaches Application process.

| APPLICATION CHECKLIST | | | | | | | |
|---|--|---|--|--|--|--|--|
| COACH NAME: _ SPORT/ACTIVITY STUDENT NAME | Matt Olson _{Y:} Beach Volleyball | BUSINESS NAME: | WAVE Beach Volleyball matt@wavevb.com | | | | |
| COACH APPLICA Statement Instructor's Completed Coachin | ATION t of Responsibility - Form A (Coach) 's Qualification - Form B (Coach) eted Form ng Certification - NFHS Learn (Not a form) SDUHSD requires NFHS Fundamenta however, SDUHSD is open to evaluat | als of Coaching Certificting other forms of co | ication for all off-campus coaches; paching certification for the 24-25 school | | | | |
| ☐ CPR/Firs • (☐ Instructor A ☐ Signed A ☐ Certifica | with coaches on the evaluation of ot rst Aid Certification (Not a form; certif Certification expires every two years Agreement - Form D (Coach) Agreement rate of Insurance | ther forms of coachin ification must be atta s. Attached document | ts must be current. | | | | |
| 1 | | | an Dieguito Union High School District" e current and is the responsibility of the | | | | |

San Dieguito Union High School District ISPE Instructor's Statement of Responsibility

The outside independent instructor/coach must submit this completed form and meet specific District criteria related to liability to be approved as an independent study agency for a student.

The supervision of ISPE activities must be performed by a coach who is at least 21 years of age, who has a certificate or credential in that activity, or who has participated for at least 4 years at a college/national or international level in that activity.

I understand the concept and requirements of the Independent Study Physical Education Program and accept the responsibility as a coach. I understand the requirements associated with this request to provide ISPE to student in the San Dieguito Union High School District in the conduct of this program.

I agree to assume all responsibility for the student listed in this application.

I certify that I am not the students' parent and will PERSONALLY oversee these athletes' workouts for a minimum of 400 minutes every two (2) weeks. In addition, I will sign the students' time logs, as well as PERSONALLY write and sign the students' quarter and semester evaluations which will include a one-page statement evaluating the athletes' participation and progress toward stated goals and objectives.

If there are any questions regarding the ISPE Program or the athlete, please contact the ISPE coordinator at the athlete's school site.

| Instructor/Coach Name _ | Matt Olson | | | | |
|---------------------------|----------------------------|-------------------|-----------|--|--|
| Instructor/Coach Signatu | re | Date _ | 2/13/2024 | | |
| Business Name (If Any)_ | WAVE Beach Volleyball | | | | |
| Business Address (If Any) | 15555 Jimmy Durante Blvd | Del Mar, CA 92014 | | | |
| Instructor/Coach Phone | Street Number 760-473-8511 | City | Zip | | |
| Instructor/Coach Email | matt@wavevb.com | | | | |

San Dieguito Union High School District ISPE Instructor's Qualifications (To be completed by the ISPE instructor)

Please answer the following required questions.

1. Describe the training that prepared you to supervise this activity.

My on court training and personal playing experience of beach volleyball includes 10 years of professional beach volleyball from 2003-2013. I competed on the largest domestic volleyball tour (AVP) as well as other smaller domestic tours. In addition to my playing background, I studied and graduated from The University of Arizona with a degree in physical education (2004).

2. Describe your experience supervising students in this activity.

During and after my career as a professional beach volleyball player, I have coached, supervised and ran beach volleyball clinics/camps/programs These include but are not limited to being the Director of WAVE Beach Volleyball from 2012-present. We have run our Beach ISPE program through SDUHSD's guidance and support since 2015. It would be fair to say that I have overseen and coached thousands of San Diego youth athletes.

3. In what current position are you employed which qualifies you to supervise this student?

I have been the Executive Director and lead coach for WAVE Beach Volleyball since the fall of 2012. We currently have nearly 300 athletes in our program which includes boys and girls 3rd-12th grade. Our athletes range from beginner to advanced with 75 college committed beach athletes.

4. Have you ever been convicted of anything other than a minor traffic violation? If yes, please explain.

No I have not.

San Dieguito Union High School District ISPE Instructor Agreement (Indemnify and Hold Harmless Agreement)

| Matt Olson | hereby agrees to defend, inde | emnify and hold harmless San Die | guito Union High |
|--|--|--|-----------------------------|
| (Instructor/Coach) | | • | |
| School District, its employe | es, officials, agents, employees, an | d individual members, free and h | armless from and against |
| all of the following: | | | |
| reason of the death or boo District's (including its age | mage, cost expenses, including realily injury to persons, including any onto | of the same resulting from San Di or actual negligent act or omission | eguito Union High School |
| to indemnify and hold har | mless San Dieguito Union High Sch | ool District with respect to the (s | ole negligence) or willful |
| misconduct of San Dieguito | Union High School District, its agen | ts, employees or officials. | |
| Matt Olson | at his/her own expense, cost a | and risk, shall defend any and all a | ctions, suits, or other |
| (Instructor/Coach) | | Nicovita Unica Uiah Cahaal Diata | -t :tff:t |
| | prought or instituted against San D | • | |
| | im, demand, or liability, and shall p | | , |
| • | chool District, its officers, agents or | r employees in any action, suit, c | or other proceedings as a |
| result thereof. Matt Olson | further agrees, pursuant to the | e hold harmless agreement above | to procure and |
| (Instructor/Coach) | nartiner agrees, parsaant to the | , note harmess agreement above | to produce and |
| maintain at his/her sole ex | kpense Commercial General Liabilit | y insurance with limits no less th | an \$1,000,000 combined |
| single limit per occurrence | for personal injury and/or property | ្ច damage. Instructor/Coach shall រ | provide the District with a |
| , | dencing all required coverage. | | |
| | nds and agrees that he/she and alents of the San Dieguito Union Hig | | |
| Instructor/Coach Name | Matt Olson | | |
| In about the March State of the | H) | D-1: 4 | 2/13/2024 |
| Instructor/Coach Signature | <u> </u> | Date | |



MATT OLSON wave beach director / owner MATT@WAVEVB.COM | 760-473-8511



Matt Grew up in Cardiff and attended La Costa Canyon High School. After earning league MVP honors at Grossmont Junior College in San Diego, Matt then played 3 years at the University of Arizona. He was The Mountain region MVP in 2002 and won National Collegiate Club Championships in 2002 (All-Tournament 1st team) and 2003. Matt was the cohead coach (2001-2003) for the Arizona Women's Club Team. In his senior year at Arizona, Matt was a manager for Dave Rubio's University of Arizona Women's Division One Volleyball team during the 2003/2004 season. Matt graduated Cum Laude from the University of Arizona in 2004, earning a BS in Physical Education.

Matt was a Head coach for the Wave 13's in 2006. He assisted Ed Machado for two seasons (2006/2007) at LCC where the team won back-to-back CIF championships and finished 3rd in the state in their 2007 Season. Matt directed/coordinated the Wave Boys program for 3 seasons (2006-2009) before taking a year off to pursue his professional beach volleyball career. The 2011 AVP season marked Matt's 8th season as a pro beach volleyball player. Some of Matt's AVP highlights include finishing 2nd in the Hermosa Beach Open in 2007, Matt and partner Kevin Wong won the 2008 Belmar, NJ Open and the duo finished 2nd in the 2009 Manhattan Beach Open. In addition to traveling around the US on the domestic AVP tour Matt has competed professionally in multiple countries including Mexico, Australia, China, New Caledonia and Columbia.

Coaching Highlights:

2001-2003 University of Arizona Women's Club Team Co-Head Coach

2003-2004 University of Arizona Div. I Team Manager (Dave Rubio – Head Coach)

2005-2006 WAVE Volleyball's 13's Head Coach

2005-2007 La Costa Canyon Women's Varsity Assistant Coach (Ed Machado – Head Coach)

Back to back CIF Championships

3rd in the state in 2007

2006-2009 WAVE Volleyball's Boys Director/Coordinator

2010-2014 WAVE Volleyball Associate Director & Director of Operations

2012-Present WAVE Beach Executive Director

2016 ACVA Beach Club Coach of the Year

Playing Highlights:

2000-2013 Beach Volleyball Professional (AVP Tour)

National top 40 individual ranking or better from 2004-2013.

Competed in 134 professional domestic events with: 83 top 10 finishes

& 34 top 5 finishes

2008 AVP Belmar Open Champion (Partner Kevin Wong)

2011 AVP Championships Huntington Beach Champion (With

Partner Matt Prosser)

50th all time prize money earner with \$271,305.00

Cover of Volleyball Magazine: August 2009

Cover of DIG Magazine: 2011 #5

Competed professionally in Mexico, New Caledonia,

Australia and China

Indoor Player Highlights:

1997 CIF Champion (La Costa Canyon)

1998 CIF Champion (La Costa Canyon)

League MVP and Team Captain

2002 NIRSA National Champion (University of Arizona)

All Tournament 1st Team honors

2003 NIRSA National Champion (University of Arizona)

CREDENTIALS

WAVE Wave Volleyball

Matt D Olson 1029279

23-24 SCVA Adult Coach of Juniors

Bundled Membership · Assigned to Wave Volleyball

Training & Education



Impact Training

your Completed Jun 2, 2007

Safety

Background Screening

Submitted Feb 13, 2024

2023-24 USA Volleyball Code of Conduct

Completed Feb 13, 2024

2023-24 USA Volleyball Use Agreement & Release of Liability

Completed Feb 13, 2024

2023-24 USA Volleyball Acknowledgement of SafeSport and MAAPP

Completed Feb 13, 2024

SafeSport Trained

Valid From Feb 13, 2024-Aug 31, 2024

Impact Training

23-24 USAV Adult Coach of Juniors

Valid From Aug 31, 2023-Aug 31, 2024

HEARTSAVER

Heartsaver® for K-12 Schools



Matt Olson

The above individual in the K-12 school system has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Heartsaver CPR AED Program.

Optional modules completed:

Child CPR AED, First Aid

Issue Date 2/27/2023

Training Center Name

CPR Suppliers, LLC

Training Center ID

CA02952

Training Center City, State

San Diego, CA

Training Center Phone Number

(888) 524-3923

Renew By 02/2025

Instructor Name

Suzi Shatto

Instructor ID

04112384142

eCard Code

236054071397





Completion Certificate

Matthew D. Olson

has successfully completed

Fundamentals Of Coaching

03/04/2022

Date of Completion

California

State of Completion

Dr. Karisa & Nichoff NFHS Executive Director

B522D9D76292 Completion Code

This certificate documents course completion, not mastery of content. This course is approved for 12(twelve) Clock Hour by the NFHS.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/07/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| this certificate does not confer rights to t | ne certif | <u>icate holder in lieu of such</u> | <u>l endor</u> | <u>sement(s). </u> | | | | |
|---|-----------|-------------------------------------|--|---|------------|---|--------|-------------|
| PRODUCER RPS Bollinger Sports & LeisureFAX PO Box 1322(A/C, No): | | | CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL | | | | | |
| Morristown, NJ 07960 Kristen Walsh | | | ADDRESS: | | | | | |
| INSURER(S) AFFORDING COVERAGENAIC # | | | INISLIDE | 7907/ | | | | 38970 |
| | | | Market insurance company | | | | 30970 | |
| INSURED Set Spike, LLC dba | | | | INSURER B: INSURER C: | | | | |
| Set Spike, LLC dba Wave Volleyball Club LLC Brennan Dean PO Box 22 Cardiff, CA 92007 | | | INSURER C: | | | | | |
| Cardiff, CA 92007 | | | INSURE | | | | | |
| | | | INSURER F: | | | | | |
| | | | | | | | | |
| COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES | | E NUMBER: | /C DCCI | N ISSUED TO | | REVISION NUMBER: | JE DOI | ICV DEDIOD |
| INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY PER EXCLUSIONS AND CONDITIONS OF SUCH | OUIREMI | ENT. TERM OR CONDITION | OF AN' | Y CONTRACT | OR OTHER D | OCUMENT WITH RESPEC | OT TO | WHICH THIS |
| INSR TYPE OF INSURANCE | ADDL SUE | POLICY NUMBER | | POLICY EFF | POLICY EXP | LIM IT | S | |
| A X COMMERCIAL GENERAL LIABILITY | | | | , , , , | , , , , | EACH OCCURRENCE\$ DAMAC | GE | 1,000,000 |
| X CLAIMS-MADE OCCUR | X | 3602AH009514 | | 07/09/2023 | 07/09/2024 | TO RENTED PREMISES (Ea occurrence)\$ | | 100,000 |
| X Incl Participants | | | | , , | , , | MED EXP (Any one person)\$ | | 5,000 |
| | | | | | | PERSONAL & ADV INJURY\$ | | 1,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE\$ | | 3,000,000 |
| POLICY PRO- | | | | | | PRODUCTS - COMP/OP AGG\$ | | 2,000,000 |
| JECT LOC | | | | | | Abuse/Mol | \$ | \$1MM/\$2MM |
| AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident)\$ | | 1,000,000 |
| ANYAUTO | | 3602AH009514 | | 07/09/2023 | 07/09/2024 | BODILY INJURY (Per person)\$ | | |
| OWNED SCHEDULED AUTOS ONLYAUTOS HIRED NON-OWNED | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)\$ | \$ | |
| AUTOS ONLYXAUTOS ONLY | | | | | | | \$ | |
| OCCUMBRELLA LIAB | | | | | | EACH OCCURRENCE\$ | | |
| EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE\$ | | |
| BETENTION\$ | | | | | | PER OTH- | \$ | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | STATUTE ER | | |
| | N/A | | | | | E.L. EACH ACCIDENT\$ | | |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | IN/A | | | | | E.L. DISEASE - EA EMPLOYEE\$ | | |
| If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT\$ | | |
| A Accident - Excess | | 4102AH007110 | 07/09/2023 07/09/2024 Occurence | | | | 25,000 | |
| | | | | Ded: | | | | 250 |
| DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is included as an additional insured under the liability policy. Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid. | | | | | | | | |
| _CERTIFICATE HOLDER | | | CANO | CELLATION | | | | |
| SANDIE6 San Dieguito Union High School District 710 Encinitas Blvd. | | | | | | | | |
| | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | |
| | | | AUTHORIZED REPRESENTATIVE | | | | | |
| _ | | | | | | | | |