



**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:** Matt Olson **BUSINESS NAME:** WAVE Beach Volleyball  
**SPORT/ACTIVITY:** Beach Volleyball **COACH EMAIL:** matt@wavevb.com  
**STUDENT NAME:** \_\_\_\_\_

**COACH APPLICATION**

- ☐ Statement of Responsibility - Form A (Coach)
- ☐ Instructor's Qualification - Form B (Coach)
  - ☐ Completed Form
  - ☐ Coaching Certification - [NFHS Learn](#) (Not a form; certification must be attached.)
    - SDUHSD requires NFHS Fundamentals of Coaching Certification for all off-campus coaches; however, SDUHSD is open to evaluating other forms of coaching certification for the 24-25 school year that meet or exceed NFHS standards and requirements. SDUHSD will continue to work directly with coaches on the evaluation of other forms of coaching certification submitted.
  - ☐ CPR/First Aid Certification (Not a form; certification must be attached.)
    - Certification expires every two years. Attached documents must be current.
- ☐ Instructor Agreement - Form C (Coach)
  - ☐ Signed Agreement
  - ☐ Certificate of Insurance (Not a form; certification must be attached.)
    - Liability Insurance Coverage of up to \$1,000,000 with "San Dieguito Union High School District" listed as the certificate holder. Proof of insurance must be current and is the responsibility of the coach to resubmit upon expiration.

**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 Signature  Date **2/10/2025**

Business Name (If Any) **WAVE Beach Volleyball**

Business Address (If Any) **15555 Jimmy Durante Blvd** **Del Mar, CA 92014**  
Street City Zip

Instructor/Coach Phone Number **(760) 473-8511**

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 small 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 Club 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 almost 100 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**

(Instructor/Coach)

\_\_\_\_\_ hereby agrees to defend, indemnify and hold harmless San Dieguito Union High School District, its employees, officials, agents, employees, and individual members, free and harmless from and against all of the following:

Any claim, liability loss damage, cost expenses, including reasonable attorney's fees, awards, or judgments arising by reason of the death or bodily injury to persons, including any of the same resulting from San Dieguito Union High School District's (including its agent, employee or officials), alleged or actual negligent act or omission, regardless of whether such an act or omission is active or passive. However, it is agreed that **Matt Olson** shall not be obligated  
(Instructor/Coach)

to indemnify and hold harmless San Dieguito Union High School District with respect to the (sole negligence) or willful misconduct of San Dieguito Union High School District, its agents, employees or officials.

**Matt Olson**

(Instructor/Coach)

\_\_\_\_\_ at his/her own expense, cost and risk, shall defend any and all actions, suits, or other proceedings that may be brought or instituted against San Dieguito Union High School District, its officers, agents or employees, or any such claim, demand, or liability, and shall pay or satisfy any judgment that may be rendered against San Dieguito Union High School District, its officers, agents or employees in any action, suit, or other proceedings as a result thereof.

**Matt Olson**

(Instructor/Coach)

\_\_\_\_\_ further agrees, pursuant to the hold harmless agreement above to procure and maintain at his/her sole expense Commercial General Liability insurance with limits no less than \$1,000,000 combined single limit per occurrence for personal injury and/or property damage. Instructor/Coach shall provide the District with a certificate of insurance evidencing all required coverage.

Instructor/Coach understands and agrees that he/she and all of his/her employees or agents shall not be considered officers, employees or agents of the San Dieguito Union High School District as they relate to the Independent Study Physical Education program.

**Instructor/Coach Name** **Matt Olson**

**Instructor/Coach Signature** 

**Date** **2/10/2025**



# 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 co-head 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

**MO** **Matthew Olson**  
Account Owner

24-25 SCVA Adult Coach of Juniors Complete

Bundled Membership • Assigned to Wave Volleyball

Managed By Southern California Region Volleyball

24-25 SCVA Refund Policy Complete [VIEW](#)

Completed Jan 28, 2025

24-25 SCVA Adult Coach of Juniors Paid

Valid From Sep 1, 2024-Sep 1, 2025

Managed By USA Volleyball

Background Screening Complete

Submitted Jan 28, 2025

2024-25 USA Volleyball Acknowledgement of SafeSport and MAAPP Complete [VIEW](#)

Completed Jan 28, 2025

2024-25 USA Volleyball Code of Conduct Complete [VIEW](#)

Completed Jan 28, 2025

2024-25 USA Volleyball Use Agreement & Release of Liability Complete [VIEW](#)

Completed Jan 28, 2025

SafeSport Trained Complete

Valid From Jan 28, 2025-Aug 31, 2025

Impact Training Complete

24-25 USAV Adult Coach of Juniors Paid

Valid From Aug 31, 2024-Aug 31, 2025

[SAVE MEMBERSHIP CARD](#)

**HEARTSAVER**

**Heartsaver®  
First Aid CPR AED**

 **American Heart Association.**

**Matthew Olson**

**has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Heartsaver First Aid CPR AED Program.**

**Optional modules completed:**

Heartsaver Total

**Issue Date**  
2/25/2025

**Training Center Name**  
CPR Suppliers, LLC

**Training Center ID**  
CA02952

**Training Center City, State**  
La Jolla, CA

**Training Center Phone Number**  
(888) 524-3923

**Training Site Name**

**Renew By**  
02/2027

**Instructor Name**  
Lacey Sovacool

**Instructor ID**  
04160464024

**eCard Code**  
256017902923

**QR Code**



To view or verify authenticity, students and employers should scan the QR code with their mobile device or go to [www.heart.org/cpr/mycards](http://www.heart.org/cpr/mycards).  
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## Completion Certificate

**Matthew D. Olson**

has successfully completed

## Fundamentals Of Coaching

03/04/2022  
Date of Completion

California  
State of Completion

  
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)  
7/9/2025

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 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).

<b>PRODUCER</b> RPS Bollinger Sports & Leisure Po Box 4162  Clinton IA 52733		<b>CONTACT NAME:</b> David Campanello <b>PHONE (A/C, No, Ext):</b> 973-921-8060 <b>E-MAIL ADDRESS:</b> David_Campanello@rpsins.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> SET/SPIKE, LLC Wave Volleyball Club, LLC PO Box 22  Cardiff CA 92007		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Markel Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 38970	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Incl'd Participants GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		3602AH009514-9	07/09/2025	07/09/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Sex Abus/Mol \$ 1m\$2m
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			3602AH009514-9	07/09/2025	07/09/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N	N / A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Accident Full Excess			4102AH007110-13	07/09/2025	07/09/2026	Med Max:\$25,000 Ded:\$250/claim


## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid.

Certificate holder is included as an additional insured.

## CERTIFICATE HOLDER

## CANCELLATION

San Dieguito Union High School District 710 Encinitas Blvd  Encinitas CA 92024	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
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