



# City of San Clemente Recreation Division

Phone: (949) 361-8264 | Fax: (949) 361-8280  
recreation@san-clemente.org

**Dear Interested Contract Instructor,**

The City of San Clemente aims to offer a variety of classes, camps and workshops throughout the year at many locations. Location opportunities range from indoor facilities, to parks, pools, athletic fields and courts, beaches, and other private facilities. The objective is to provide members of the public with programs for all ages, interests, and skill levels. Programs are offered by quarters (4), with approximately 6-12 weeks of classes, varying in times and days offered. The dates, times, and use of facilities are reviewed and determined during the evaluation process.

Please review the information below for details on what the contract includes and the evaluation process.

## **COURSE INFORMATION**

- It is the responsibility of the contract instructor to teach the class, provide the course curriculum, and bring in all necessary materials or specialty supplies.
- Instructors determine the amount of courses they wish to offer each session. If necessary, the City reserves the right decrease offerings based on space availability and enrollment.
- Instructors will set their own fees for each course.
- Each class is designated with a minimum/maximum of student enrollment by the instructor and City.
- The City finalizes the facility space, times, and dates.

## **PAYMENTS & FEES**

- If your course(s) will be held at a City operated facility or park, including athletic fields and courts, parks, beaches, or trails, contractors will receive 70% of the gross revenue from the total registration fees collected per session. The remaining 30% is collected for the City.
- If your class will be held outside of City public spaces, such as a private business locations, or neighboring businesses/churches, the contractual split is 80% to the instructor and 20% to the City. Classes organized at a private facility will require a written agreement to use the facility. This will include an understanding that the City of San Clemente can advertise classes offered there, as well as accept all registration fees. Additionally, the City may require periodical site checks.
- The City collected share of revenue covers the following items: registration management (all processing fees and roster management); course inclusion in City's quarterly magazine, full-color, mailed to 65,000 households; listing on the City website with online registration; possible inclusion in the monthly e-mail mailings, and assistance with program flyers and graphic design.

## **LICENSING**

- All contract instructors must have a current City of San Clemente business license.
- A license application can be obtained through the City of San Clemente Community Development Department. Please contact (949) 361-6166 for more information.

## INSURANCE & INDEMNITY

- Most classes offered at a City facility fall under the umbrella of the City Insurance. Some classes that are considered higher risk require “Hazard II” insurance. This requires that the instructor provide Liability Insurance with additional endorsement adding the City of San Clemente. Examples include gymnastics, skateboarding, surfing, dancing, swimming, etc. Insurance and Endorsement certificates need to be submitted within 2 weeks of course start. You will be notified if your class falls under this category.
- All course participants are required to sign a waiver of liability, indemnifying the City. The waiver is included on the City registration form and held on file with the City offices.
- Participants who are not listed on class rosters are not permitted to participate, under any circumstance.
- All instructors, staff, and volunteers must be fingerprinted through the Department of Justice and complete a criminal background check.

## APPLICATION PROCESS

### STEP I

- Fill out the attached “*Independent Contract Class Application*” form. This form can be emailed to Melissa Muraira, contract class coordinator, at [murairam@san-clemente.org](mailto:murairam@san-clemente.org).
- Please consider the quarter you are proposing and submit your proposal on or before the deadline listed below. Ample time is required so the City can review your class, have time to process you as an instructor, as well as submit information for the quarterly activity guide and brochure.

### STEP II

The contract class coordinator will review the details you submitted and determine if (1) the proposed course can be accommodated at the requested facility and (2) the proposed curriculum does not conflict with current classes. This process may take 4-8 weeks, which starts at the quarter deadline. Proposal deadlines are strictly followed.

### STEP III

If the class proposal is accepted, the following documents must be provided for final approval to occur:

- City of San Clemente Business License
- Insurance and endorsement, if activity is categorized Hazard II
- Signed contract with City rules and regulations, schedule of class offered, and fees
- Fingerprinting and criminal background checks are to be processed for all instructors, additional staff, substitute instructors, and volunteers.
- Final descriptions of your class information for promotional materials

### STEP IV

- Meet with the contract class coordinator to review the facility and complete a site check
- Finalize material fees or new information that participants will need to know before participating.
- Review the payment process.

QUARTERLY SUBMISSION DEADLINE (NEW CONTRACTS ONLY)				
	FALL	WINTER	SPRING	SUMMER
COURSE PERIOD	September-November	December-February	March-May	June-August
SUBMISSION DEADLINE	May 1	August 1	November 1	February 1



# CITY OF SAN CLEMENTE INDEPENDENT CONTRACT CLASS APPLICATION

All applications are reviewed within two weeks of receipt. Please note, the review process takes between 4-12 weeks and is dependent on availability. Staff will contact you by phone or email to confirm receipt and anticipated date of confirmation. If you have any questions, please contact Melissa Muraira at murairam@san-clemente.org or by phone at (949) 361-8245.  
*Thank you for your interest in becoming a contract instructor with the City of San Clemente Recreation Division.*

## APPLICANT INFORMATION

NAME: \_\_\_\_\_ PH NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SAN CLEMENTE BUSINESS LICENSE?  YES  NO IF YES, #: \_\_\_\_\_

## CLASS PROPOSAL INFORMATION

TYPE OF CLASS:  NEW CLASS  RETURNING  ADDITIONAL

COURSE TITLE(S): \_\_\_\_\_

AGES: \_\_\_\_\_ MIN. ENROLLMENT: \_\_\_\_\_ MAX. ENROLLMENT: \_\_\_\_\_

MATERIAL FEE AMOUNT (IF APPLICABLE): \_\_\_\_\_

LIST MATERIALS COVERED & APPROXIMATE VALUE: \_\_\_\_\_

COURSE DESCRIPTION:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREFERRED SESSION/SEASON (CHECK ALL THAT APPLY):  SUMMER  FALL  WINTER  SPRING

### CLASS PROPOSAL CHART:

DAY(S) OF WEEK	START DATE	END DATE	TIME	COST	ALTERNATE DAY

**FACILITY USE REQUEST**

PLEASE SELECT THE DESIRED CITY FACILITY

COMMUNITY CENTER:     AUDITORIUM W/ STAGE     AUDITORIUM W/O STAGE     DANCE STUDIO  
                                  FIRESIDE ROOM     MULTI-PURPOSE ROOM     KITCHEN     GROUNDS

AQUATICS CENTER     FRIENDS ROOM     GRASS SPACE     POOL

PARKS & FIELDS:     SOCCER FIELD     BASEBALL FIELD     FOOTBALL FIELD     BASKETBALL COURT

PREFERRED PARK SITE (WRITE NAME):

TENNIS COURTS     FORSTER RANCH PARK     LIBERTY PARK     SAN LUIS REY PARK

BEACH SITE (WRITE NAME):

EQUIPMENT NEEDED:     TABLES # \_\_\_\_\_     CHAIRS # \_\_\_\_\_     TUMBLING MATS # \_\_\_\_\_     FAN(S)  
                                  SOUND     WHITEBOARD (MARKERS NOT PROVIDED)

**PRIVATE BUSINESS INFORMATION (IF APPLICABLE)**

BUSINESS NAME: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ BUSINESS LICENSE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

*\*PLEASE ATTACH A LETTER OF APPROVAL FROM THE BUSINESS OWNER*

**PROFESSIONAL EXPERIENCE (PLEASE ATTACH RESUME)**

LIST ANY EXPERIENCE THAT RELATES TO THE THIS CLASS (INCLUDING OTHER CITIES & REGISTRATION):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST (2) CITY REFERENCES WHERE YOU OFFER(ED) YOUR PROGRAM:

(1) NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST (1) PROFESSIONAL REFERENCE

NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDITIONAL RELEVANT CERTIFICATIONS/CREDENTIALS (IF APPLICABLE):

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

*I, the undersigned, verify that the information provided in this application is complete and correct. I understand that providing false information could result in my application being fully dismissed from the review process and future potential contract opportunities.*

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

***This form must be returned to the Recreation Division with attention to Melissa Muraira, Recreation Coordinator.***