

La Center School District No. 101
725 Highland Road / PO Box 1840
La Center, WA 98629
Phone: 360-263-2131 / Fax: 360-263-1140

Agreement for Use of School Facilities

The following conditions and regulations shall apply to any Use of School Facilities:

- A District Agreement for Use of School Facilities form needs to be filled out completely before any request(s) can be considered for approval.
- The school district as a rule requires 48 hours before approving/denying your requested date(s). This is to determine if facilities requested are available. Times may vary depending on request.
- School District activities will take precedence in scheduling over community activities. The school district reserves the right to cancel your requested date(s) if a school activity needs to use that date/time/location. We will try our best to avoid this situation and if it does occur we will reschedule with you at your earliest convenience.
- Payment of any fees or charges is to be made ahead of time, unless specific arrangements are made.
- **The applicant agrees to clean and restore the area(s) used, including entryways, floors and hallways to its original condition. Trash receptacles should be emptied and trash taken out to the dumpster. The applicant is responsible for using universal procedures and precautions in regards to the clean-up of body fluids, i.e. blood borne pathogens and must be reported to the school facilities coordinator within 24 hours of the incident.**
- **Cleaning fee applies to restrooms only.**
- **Absolutely no FOOD or DRINKS, other than water is allowed in our gyms. NO cleats, hard balls or bats in our gyms.**
- Only the facilities requested on this agreement will be used by the applicant.
- The use of/or possession of tobacco, marijuana, alcohol, illegal drugs, or firearms are not permitted at any time on school grounds.
- Applicants accept responsibility for the strict enforcement of these regulations.
- The School District reserves the right to cancel, at any time, the event listed on this agreement.
- Applicants agree to protect and indemnify the district, its officers, directors, and agents from any and all claims, suits, legal fees, and other liabilities relating to or arising from acts or omissions of such groups or individuals in connection with the use of said school facilities.

AGREEMENT AND INSURANCE

*The person or organization entering into this agreement with La Center School District for the use of facilities or equipment **described above** certifies that the information given in this application is current. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe all rules and regulations. The applicant further agrees to reimburse the School District for any damage arising from the applicant's use of said facilities. Any accident involving injury to participants or damages to facilities or equipment occurring during the use of facilities or equipment will be reported to district authorities immediately.*

In accordance with Chapter 28A.335 RCW, private nonprofit groups serving youth are required to provide proof of bodily injury coverage of no less than \$50,000 per occurrence/\$100,000 aggregate. For-profit, business groups are required to provide proof of general liability coverage of no less than \$1 million dollars per occurrence. The School District must be named as additionally insured on said policy. Coverage cannot be cancelled or reduced without thirty-(30) day's written notice to the district.

Proof of insurance attached? Yes Already on file for current year. No If no, I understand I must provide proof of current insurance prior to first scheduled activity or event Not applicable/Community Education activity or event.

Signature of Applicant: _____ Date: _____

La Center School District No. 101
725 Highland Road / PO Box 1840
La Center, WA 98629
Phone: 360-263-2131 / Fax: 360-263-1140

Applicant's Name / Group: _____ Today's Date: _____

Date(s) Requested Starting: _____ End Date (if event is re-occurring): _____

Day(s) of the Week Requesting: Sun Mon Tues Wed Thurs Fri Sat

Area or Specific Space Requested: 1st and 2nd Choice: Email address: _____

- | | | |
|--|----------------------------------|--------------------------------------|
| _____ ES ASK Room | _____ HS Football Practice Field | _____ K-8 Cafeteria |
| _____ ES Campus (grounds) | _____ HS Gym | _____ K-8 Community Kitchen |
| _____ ES Classroom- Rm# _____ | _____ HS Library | _____ K-8 Computer Lab |
| _____ ES Gym (baseball in this gym only) | _____ HS Parking Lot | _____ K-8 Entry Way |
| _____ HS Band Room | _____ HS Portable | _____ K-8 Football Field |
| _____ HS Baseball Field | _____ HS Soccer Practice Field | _____ K-8 Library |
| _____ HS Challenge Course | _____ HS Softball Field | _____ K-8 Play Shed (no restrooms) |
| _____ HS Classroom-Rm# _____ | _____ HS Stage | _____ K-8 Softball Field |
| _____ HS Commons | _____ HS Track | _____ MS Classroom |
| _____ HS Conference Room | _____ HS Weight Room | _____ MS Conference Room |
| _____ HS Concession Kitchen | | _____ MS Gym (no baseball permitted) |

_____ Other, specify: _____

Time Start: _____ Time End: _____ Set-up Time (If Needed): _____ Breakdown Time (If Needed): _____

Description of event to take place: _____

Approximate number of people attending: _____ Is event open to public? Yes No

Does your organization hold non-profit status? Yes No If yes, proof is required.

Is this a revenue generating event? Yes No

If you are requesting use of a field, would you like to be notified of any chemical spraying that is scheduled for that field during your requested time? Yes No

If it is determined by the coordinator that your event needs to run through Community Ed, Staci Firl (our Community Ed Director) will contact you.

La Center School District No. 101
 725 Highland Road / PO Box 1840
 La Center, WA 98629
 Phone: 360-263-2131 / Fax: 360-263-1140

Contact Person: _____ Email Address: _____

Home Phone: _____ Alternate Phone: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

I, _____ have read, agree to, and have the authority from the requesting group to agree to all of the terms and conditions specified in this agreement and by so doing verify that all information given is accurate and correct.

For Office Use Only

| | <u>Fee Amount</u> | <u>Account Code</u> | | | |
|---|--|---|---|--|-------------------------|
| <i>Comm. Ed. Fee (building access/supervision)</i> <i>Fee is determined by the Community Ed.</i> | _____ | <u>8681-21</u> | | | |
| <i>Field Maintenance Fee (per Athletic Director)</i> | _____ | <u>9701-29-062</u> | | | |
| <i>Restroom Cleaning Fee (\$25 per hour/2hr minimum)</i> | _____ | <u>9701-29-063</u> | | | |
| <i>Key Deposit Fee</i> | _____ | <u>9700-27</u> | | | |
| <i>Other Fees/Deposits</i> | _____ | <u>9700-27</u> | | | |
| <i>Rental Fee (per Board approved schedule)</i> | _____ | <u>9700-27</u> | | | |
| <i>Total Fees</i> _____ | <input type="checkbox"/> <i>Paid in Full</i> | <table style="display: inline-table; border: none;"> <tr> <td style="text-align: center;"><u>Cash</u> <input type="checkbox"/></td> <td style="text-align: center;"><u>Check</u> <input type="checkbox"/></td> <td style="text-align: center;"><u>Check #</u> _____</td> </tr> </table> | <u>Cash</u> <input type="checkbox"/> | <u>Check</u> <input type="checkbox"/> | <u>Check #</u> _____ |
| <u>Cash</u> <input type="checkbox"/> | <u>Check</u> <input type="checkbox"/> | <u>Check #</u> _____ | | | |

Departments whom have been notified of event: _____ *Date Notified:* _____

- | | | |
|-------------------------------------|------------------------------------|-----------------------------------|
| _____ <i>ASK</i> | _____ <i>Elementary Office</i> | _____ <i>K-8 Cafeteria</i> |
| _____ <i>Athletic Director</i> | _____ <i>High School Cafeteria</i> | _____ <i>K-8 Library</i> |
| _____ <i>Community Education</i> | _____ <i>High School Library</i> | _____ <i>Middle School Office</i> |
| _____ <i>Custodians/Maintenance</i> | _____ <i>High School Office</i> | |

La Center School District No. 101

725 Highland Road / PO Box 1840

La Center, WA 98629

Phone: 360-263-2131 / Fax: 360-263-1140

LCSD Concussion and Sudden Cardiac Arrest Information Form

Concussion Information

SSB 5083 ~ SCA Awareness Act

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- Headaches
- Neck pain
- Sensitivity to light or noise
- Drowsiness
- “Don’t feel right”
- Nervousness or anxiety
- Confusion
- Repeating the same question/comment
- “Pressure in head”
- Balance problems or dizziness
- Feeling sluggish or slowed down
- Change in sleep patterns
- Fatigue or low energy
- Irritability
- Concentration or memory problems (forgetting game plays)
- Nausea or vomiting
- Blurred, double, or fuzzy vision
- Feeling foggy or groggy
- Amnesia
- Sadness
- More emotional

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Forgets plays
- Answers questions slowly
- Can’t recall events prior to hit
- Any change in typical behavior or personality
- Vacant facial expression
- Is unsure of game, score, or opponent
- Slurred speech
- Can’t recall events after hit
- Confused about assignment
- Moves clumsily/displays incoordination
- Shows behavior or personality changes
- Seizures or convulsions
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences.

It is well known that adolescent or teenage athletes will often fail to report symptoms of injuries. Concussions are no different. As a result, education of administrators, coaches, parents and students is the key to student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider.”

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

Return to Participation Protocol

If your child has been diagnosed with a concussion they **MUST** follow a progressive return to participation protocol (under the supervision of an approved health care provider) before full participation is authorized. The return to play protocol may not begin until the participant is no longer showing signs or symptoms of concussion. Once symptom free, the athlete may begin a progressive return to play. This progression begins with light aerobic exercise only to increase the heart rate (5-10 minutes of light jog or exercise bike) and progresses each day as long as the child remains symptom free. If at any time symptoms return, the athlete is removed from participation.

What is Sudden Cardiac Arrest?

SSB 5083 ~ SCA Awareness Act

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year. ***SCA is also the leading cause of sudden death in young athletes during sports.***

What causes Sudden Cardiac Arrest?

SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called “commotio cordis”). While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Excessive shortness of breath with exercise
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40
- Chest pain with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures

How to prevent and treat Sudden Cardiac Arrest

Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

La Center School District No. 101
725 Highland Road / PO Box 1840
La Center, WA 98629
Phone: 360-263-2131 / Fax: 360-263-1140

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!

_____ (initial) The applicant agrees to fully comply in accordance with the adoption of policies mandated the Youth Sports-Management of Concussions and Head Injuries as prescribed by HB 1824, Section 2 and Sudden Cardiac Arrest Awareness as prescribed by SB 50836, Section 3, as amended in RCW 4.24.660 and Chapter 28A.600 RCW if applicable. Access to school facilities may not be granted until all requirements are complete and approved by the school district and/or designee. Applicant further agrees to provide proof of insurance as indicated in attached Compliance Statement for HB 1824, Youth Sport-Head Injury Policies and SB 5083, Sudden Cardiac Arrest Awareness form.

The applicant agrees that the School District and its agents or employees will not be liable for any damage to person or property by reason of negligent acts of applicant, its agents, employees, invitees, or subcontractors. Applicant agrees to protect, indemnify for legal costs and other expenses, and hold harmless, the School District and its officers, employees, directors and agents from claims, liabilities, or suits, arising out of injury to person or property from negligent acts of applicant, directly or indirectly attributable to user's activities and/or use of premises except for sole negligence of the School District.

I have read the rules and regulations above and agree with the conditions and charges as established:

SIGNATURE OF APPLICANT _____ **Date** _____

**** Please keep the attached HEAD INJURY PROCEDURE for reference.**