# 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:

- An Agreement for Use of School Facilities form needs to be filled out completely before any request(s) can be considered for approval. Only
  the facilities requested on the agreement will be used by the applicant.
- The school district as a rule requires 48 hours before approving/denying your requested date(s). Times may vary depending on the request. Requests for recurring use will be processed by quarter as indicated.
- School district activities will take precedence in scheduling. The school district reserves the right to cancel the event listed on this agreement at any time. We will try our best to avoid this situation and if it does occur, we will contact you to reschedule.
- Payment of any fees are to be made ahead of time, unless other 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. Payments for cleaning fees apply to restrooms only. If moved, trash receptacles and furniture must be returned to their original locations. Failure to clean to original condition will result in cancellation or denial of future facility rentals.
- 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. There is no access to first aid, please bring your own kit. AED's are located in the K-8 cafeteria, hallway outside the middle school gym, and high school commons. Facility users may not have access during non-school hours.
- ABSOLUTELY NO FOOD OR DRINKS, OTHER THAN WATER IS ALLOWED IN THE GYMS.
- NO CLEATS, HARD BALLS OR BATS IN ANY GYM. Use of nerf, whiffle or softies are permitted.
- The use or possession of tobacco, marijuana, alcohol, illegal drugs, or firearms are not permitted at any time on school grounds.
- Proper supervision of all participants is required. Applicant must be in attendance for entire activity. Doors are not to be left propped open.

# AGREEMENT AND INSURANCE

- The person or organization entering into this agreement with La Center School District for the use of facilities certifies that the information given on this application is current. The applicant further states that he/she has the authority to make this application and agrees to observe all rules and regulations of the district. The applicant further agrees to reimburse the district for any damage arising from the applicant's use of 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 the district immediately. Applicant agrees to protect, indemnify for legal costs and expenses, and hold harmless the district, its officers, directors and agents from any and all claims, suits, legal fees and any other liabilities relating to or arising from negligent acts of the applicant, directly or indirectly attributable to user's activities and/or use of premises except for the sole negligence of the school district.
- All facility users are required to provide proof of general liability coverage of no less than \$1 million dollars per occurrence. **The La Center School District must be named insured on the policy.** For recurring reservations, coverage cannot be cancelled or reduced without thirty (30) day's written notice to the district. 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.
- The applicant agrees to fully comply in accordance with the adoption of policies mandated by the Youth Sports-Management of Concussions and Head Injuries as prescribed by HB 1824, Section 2 and Sudden Cardiac Arrest Awareness Act as prescribed by SB 5083 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.

La Center School District does not discriminate in any programs or activities on the basis of sex, race, creed, religion, color, national origin, age, veteran or military status, sexual orientation, gender expression, gender identity, disability, or the use of a trained dog guide or service animal and provides equal access to the Boy Scouts and other designated youth groups. The following employees have been designated to handle questions and complaints of alleged discrimination:

<u>Lauri Landerholm, Civil Rights Coordinator, 2001 NE Lockwood Cr. Rd., La Center, 360-263-2136, Matt Cooke, Title IX Officer, 725 NE Highland Rd. La Center, 360-263-1700</u>

Carrie Lindsey, Section 504 Coordinator, PO Box 1840, La Center, 360-263-2131

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#### **LCSD Concussion and Sudden Cardiac Arrest Information**

# **Concussion Information**

A concussion is a brain injury. 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
- Balance problems or dizziness
- Feeling foggy or groggy
- · "Doesn't feel right"
- Irritable or more emotional
- Fatigue or low energy Confusion
- Signs observed by teammates, parents and coaches include:
- · Appears dazed /confused • Is unsure of game, score, or opponent
- Shows behavior or personality changes Can't recall events prior to hit Can't recall events after hit
- Any change in typical behavior or personality
- Vacant facial expression

· "Pressure in head"

Drowsiness

• Blurred, double, or fuzzy vision • Sensitivity to light or noise

· Forgets plays

Sadness

Nausea or vomiting

• Moves clumsily/uncoordinated • Answers questions slowly

Change in sleep patterns

· Concentration or memory problems

- · Neck pain
- Feeling sluggish or slowed down
- Amnesia
- · Nervousness or anxiety
- Repeating the same question/comment
- · Slurred speech
- · Loses consciousness
- Seizures or convulsions

### 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 guickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The "Zackery Lystedt Law" in Washington requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines:

"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 heath 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. 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?

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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, chest pain with exercise, unexplained seizures, excessive shortness of breath with exercise, palpitations (heart racing for no reason, a family member with early onset heart disease or sudden death from a heart condition before the age of

### How to prevent and treat Sudden Cardiac Arrest

Some heart conditions at risk for SCA can be detected by a 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 may 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.

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

AED's are located in the HS Commons, Student Lounge, HS Ticket Booth (office in off-season), ES gym hallway, ES cafeteria, MS Gym and Library Hallways and MS Commons.

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| Today's Date:   |   | Phon   | ne: 360-263-2131 /   | Fax: 360-263-114  | 40  |   |                             |  |  |
|---|---|--|--|---|---|---|-----------------------------|--|--|
| Applicant's Name/Group:   |   |  | Email Address:   |   |   |   |                             |  |  |
| Home Phone:   |   |  | Alternate Phone:   |   |   |   |                             |  |  |
| Mailing Address:  |   |  | _ City:  |   | St:   | _ Zip:  |                             |  |  |
| I , (print name)<br>La Center School<br>Youth Sports Mand   | l District facilities   | and (if applicable   |  | mply in accord  | dance wi                                      | th the polici   | es mandate                  |  |  |
| SIGNATURE OF APPL<br>** Please keep the atta  | LICANT  | Regulations page ar  | nd Concussion ar   | nd Sudden Cardi   | Dat   | te  | vour referen                | ce. (typed name                              |  |
| accepted as signature)  |   |  |  |   |   |   |                             |  |  |
| Date(s) Requested: Start Date: End Da   |   |  | Date (if event is re   | e-occurring, see  | procedure                                     | e below):   |                             |  |  |
| Time Start:   | Time End:   | Set-up Time  | (If Needed):   | Break   | down Time                                     | e (If Needed):  |                             |  |  |
| Area or Space Requ  | uested: 1st and 2nd C   | choice: Day(s) of  | f the Week:  | Sun Mon   | Tues  | S ☐ Wed   | Thurs                       | ☐ Fri ☐ Sat                                  |  |
| ES Play Shed  | _   | ES Entry Way   |  | HS Athle  | etic Field/St                                 | adium   |                             |  |  |
| ES Playground   | _   | ES Classroom #   |  | HS Trac   | k   |   |                             |  |  |
| ES Balcony  | _   | ES Parking Lot   |  | HS Com  | ımons/Stag                                    | е   |                             |  |  |
| ES Gym #1 (Large)   |   | MS Gym #1 (Main/large)   |  | HS Gym  |   |   |                             |  |  |
| ES Gym #2 (Small)   |   | MS Gym #2 (Fitness/small)  |  | HS Conference Room  |   |   |                             |  |  |
| ES Locker Rooms   |   | MS Locker Rooms  |  | HS Locker Rooms   |   |   |                             |  |  |
| ES Community Kitchen  |   | MS Stage   |  | HS Practice Field   |   |   |                             |  |  |
| ES Cafeteria  |   | MS Commons   |  | HS Weight Room  |   |   |                             |  |  |
| ES Softball Field   |   | MS Classroom-Rm #  |  | HS Classroom #  |   |   |                             |  |  |
| ES Conference Room  |   | MS Parking Lot   |  | HS Baseball Field   |   |   |                             |  |  |
| ES Track/Field  |   | MS Conference Room   |  | HS Softball Field   |   |   |                             |  |  |
| ES Athletic Field   | d   | MS Library   |  | HS Libra  | ary   |   |                             |  |  |
| ES Library  |   |  |  | HS Park   | ing Lot                                       |   |                             |  |  |
| Other: Specify:   |   |  |  | HS Chal   | lenge Cour                                    | se (Requires ins  | structor approv             | /al)   |  |
| that request space<br>full team roster with<br>more than 3 month<br>to be submitted for<br>**Quarters are divide<br>Quarter 1 - Septemb<br>Quarter 2 - Decemb<br>Quarter 3 - March, A<br>Quarter 4 - June, Ju | ber, October, November, January, February<br>April, May (request spuly, August (request spuly, August (request sp | s, the team or groe attached to the five at a time. Request space or (request space by ace by Feb. 20) bace by May 20, Lir | up must be madacility request fests are limited prior to the beg by Aug. 20) Nov. 20) mited use during | de up of not les<br>form. To ensure<br>to 2 days per w<br>inning of the qu<br>summer months | es than 70 e equity in veek. **To uarter. (Se | Marken La Center son the use of son request a spee below) | School Distr<br>pace, teams | rict students. <u>A</u><br>s may not request |  |
| Once the quarter has  | s begun, if space is s  | illi avallable, reques   | sts will be proces   | sed on a first co   | me tirst se                                   | erve basis.   |                             |  |  |
| Description of event  | to take place:  |  |  |   |   |   |                             |  |  |

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| Approximate number of people attending: Is the event open to the public? Yes No Will food and beverages be available for consumption during this event? 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 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*See Agreement and Insurance Requirements. |  |                   |  |                       |        |  |  |  |  |  |  |
|---|--|-------------------|--|-----------------------|--------|--|--|--|--|--|--|
| For Office Use Only   |  | <u>Fee Amount</u> |  | Account Code          |        |  |  |  |  |  |  |
| Rental Fee  |  |                   | <u>970<i>0</i>-27</u>  |                       |        |  |  |  |  |  |  |
| Field Maintenance Fee (per Athletic   |  |                   | <u>970<i>0</i>-27</u>  |                       |        |  |  |  |  |  |  |
| Restroom Cleaning Fee   |  |                   |  | <u>970<i>0</i>-27</u> |        |  |  |  |  |  |  |
| (\$50 Minimum for groups over 25)<br>Key Deposit Fee  |  |                   |  | <u>970<i>0</i>-27</u> |        |  |  |  |  |  |  |
| Other Fees/Deposits /Challenge Cou  |  |                   | CC -14% to 9701-270000-0000-4420-0000-1/Remainder to<br>Instructor |                       |        |  |  |  |  |  |  |
| Total F   |  |                   | Card Receipt#  | <u>Check</u>          | Check# |  |  |  |  |  |  |
|   |  |                   | ☐ Paid in Full   |                       |        |  |  |  |  |  |  |
| Application Approved/Denied Date  | Applicant Notified                         | !:                |  |                       |        |  |  |  |  |  |  |
| Reason:   |  |                   |  |                       |        |  |  |  |  |  |  |
| Departments that have been notified   | of event:                                  | Date Notified:    |  |                       |        |  |  |  |  |  |  |
| ASK Elementary O  |  | tary Office       | ES Cafete  | ria                   |        |  |  |  |  |  |  |
| Athletic Director Middle School Office  |  | School Office     | ES Library   |                       |        |  |  |  |  |  |  |
| Classroom Teacher High School   |  | hool Office       | Office MS Library  |                       |        |  |  |  |  |  |  |
| Custodians/Maintenance  | Custodians/Maintenance High School Kitchen |                   | HS Library   |                       |        |  |  |  |  |  |  |