

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 has 48 hours before approving/denying your requested date(s). This is to determine if facilities requested are available.
- 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.
- All groups will need to provide Certificate of Liability Insurance or go through La Center Community Education to be covered under their insurance.
- Payment of any fees or charges is to be made ahead of time, unless specific arrangements are made.
- Any group or individuals using the facilities accepts responsibility for any fines or fees, assessed to the district, or damages done to district property as a result of their use of the facilities, and shall reimburse the district for any such fines, fees, or damages.
- The applicant agrees to clean and restore the area used to its original condition, unless other arrangements have been made and agreed to ahead of time.
- The steam cabinets are not available for use.
- Only the facilities requested on this agreement will be used by the applicant.
- The use of/or possession of tobacco, 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.
- Applicants agree to notify the district, immediately, if they find any area of the facility and/or equipment in disrepair, or left in any way which may result in injury to persons or additional damage to the facility.

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

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

Campus Requested: _____ District Office _____ High School _____ K-8 Campus

Area or Specific Space Requested:

- | | | |
|-----------------------------|----------------------------------|-----------------------------|
| _____ DO Conference Room | _____ HS Football Practice Field | _____ K-8 Cafeteria |
| _____ ES ASK Room | _____ HS Gym | _____ K-8 Community Kitchen |
| _____ ES Classroom | _____ HS Library | _____ K-8 Computer Lab |
| _____ ES Gym | _____ 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 |
| _____ HS Classroom | _____ 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 |

_____ 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

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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>	_____	<u>8681-21</u>						
<i>Field Maintenance Fee (per Athletic Director)</i>	_____	<u>9701-29-062</u>						
<i>Custodial Fee (\$25 per hour)</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>	_____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Cash</u></td> <td style="text-align: center;"><u>Check</u></td> <td style="text-align: center;"><u>Check #</u></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table>	<u>Cash</u>	<u>Check</u>	<u>Check #</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Cash</u>	<u>Check</u>	<u>Check #</u>						
<input type="checkbox"/>	<input type="checkbox"/>	_____						

Paid in Full

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> | |

Approved By: _____ *Denied By:* _____ *Date:* _____

Reason Denied:

Entered onto web calendar: _____

Concussion Information Sheet

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:

<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns 	<ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
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Signs observed by teammates, parents and coaches include:

<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness
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What can happen if my child keeps on playing with a concussion or returns to 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 athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for 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 its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date