

### 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 this agreement will be used by the applicant.
- 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 the request. Requests for recurring use will be processed as indicated.
- School district activities will take precedence in scheduling over community activities. 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. 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. 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.**
- **ABSOLUTELY NO FOOD OR DRINKS, OTHER THAN WATER IS ALLOWED IN OUR 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.

#### **AGREEMENT AND INSURANCE**

- The person or organization entering into this agreement with La Center School District for the use of facilities or equipment certifies that the information given in 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 district authorities 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 applicant, directly or indirectly attributable to user's activities and/or use of premises except for 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. Applicant further agrees to provide proof of insurance as indicated.

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:

Dave Holmes, Civil Rights Coordinator, 725 Highland Road, La Center, 360-263-2131, Matt Cooke, Title IX Officer, 725 Highland Road, La Center, 360-263-1700  
Peter Rosenkranz, Section 504 Coordinator, 725 Highland Rd. La Center, 360-263-5931

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

#### **Concussion Information**

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

#### **Signs observed by teammates, parents and coaches include:**

- Appears dazed /confused
- Is unsure of game, score, or opponent
- Shows behavior or personality changes
- Any change in typical behavior or personality
- Vacant facial expression
- Moves clumsily/uncoordinated
- Can’t recall events prior to hit
- Forgets plays
- Answers questions slowly
- Can’t recall events after hit
- 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 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, 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 40).

#### **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 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.

**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, MS gym hallway and K-8 cafeteria.**

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

Today's Date: \_\_\_\_\_

Applicant's Name/Group: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**I, (print name) \_\_\_\_\_ have read and agree to all of the terms and conditions for the use of La Center School District facilities and will fully comply in accordance with the policies mandated by the Youth Sports Management of Concussions and Head injuries (HB1824) and SCA Awareness Act (SB5083).**

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\* Please keep the attached Conditions and Regulations page and Concussion and Sudden Cardiac Arrest information for reference.**

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Date(s) Requested: Start Date: \_\_\_\_\_ End Date (if event is re-occurring): \_\_\_\_\_

**\* For re-occurring requests, see procedure below.**

Time Start: \_\_\_\_\_ Time End: \_\_\_\_\_ Set-up Time (If Needed): \_\_\_\_\_ Break down Time (If Needed): \_\_\_\_\_

Area or Space Requested: 1 <sup>st</sup> and 2 <sup>nd</sup> Choice:	Day(s) of the Week:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
____ ES ASK Room	____ HS Practice Field				____ K-8 Cafeteria			
____ ES Play Ground	____ HS Gym				____ K-8 Community Kitchen			
____ ES Classroom- Rm # _____	____ HS Concession Kitchen				____ K-8 Play Shed (no restrooms)			
____ ES Gym	____ HS Library				____ K-8 Entry Way			
____ HS Band Room	____ HS Parking Lot				____ K-8 Main Athletic Field			
____ HS Baseball Field	____ HS Track				____ K-8 Library			
____ HS Challenge Course	____ HS Softball Field				____ K-8 Softball Field			
____ HS Classroom-Rm # _____	____ HS Stage				____ MS Gym			
____ HS Commons	____ HS Weight Room				____ MS Classroom-Rm # _____			
____ HS Conference Room	____ Other: Specify: _____				____ MS Conference Room			

**\*\*\*TO PROVIDE LA CENTER SCHOOL DISTRICT STUDENTS PRIORITY ACCESS TO GYM AND FIELD SPACE \*\*\***

\* For youth sports teams or groups that request space on an ongoing basis, the team or group must be made up of not less than 70% La Center School District students. **A team roster must be attached to the facility request form.** To ensure equity in the use of space, teams may not request more than 3 months (a quarter) of space at a time. Please limit requests to 2 days per week. **\*\*To request a specific quarter, requests need to be submitted for processing by the 20<sup>th</sup> of the month prior to the beginning of the quarter.**

\*\*Quarters will be divided as follows:

**Quarter 1** - September, October, November (request space by Aug. 20)

**Quarter 2** - December, January, February (request space by Nov. 20)

**Quarter 3** - March, April, May (request space by Feb. 20)

**Quarter 4** - June, July, August (Limited use during summer months, request space by May 20)

Once the quarter has begun, if space is still available, then requests will be processed on a first come first serve basis.

Description of event to take place: \_\_\_\_\_  
(continued on reverse)

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

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.  
 If it is determined that your event needs to run through Community Education, our Community Ed. Director will contact you.

**For Office Use Only**

	<u>Fee Amount</u>	<u>Account Code</u>			
Rental Fee	_____	<u>9700-27</u>			
Comm. Ed. Fee (building access/supervision) <i>Fee is determined by Community Ed.</i>	_____	<u>8681-21</u>			
Field Maintenance Fee (per Athletic Director)	_____	<u>9701-29-062</u>			
Restroom Cleaning Fee <i>(\$50 Minimum for groups over 25)</i>	_____	<u>9701-29-063</u>			
Key Deposit Fee	_____	<u>9700-27</u>			
Other Fees/Deposits	_____	<u>9700-27</u>			
<b>Total Fees</b>	_____		<input type="checkbox"/> Paid in Full	<u>Cash</u> <input type="checkbox"/>	<u>Check</u> <input type="checkbox"/>
					<u>Check #</u> _____

Application Approved/Denied Date Applicant Notified: \_\_\_\_\_

Reason: \_\_\_\_\_

Departments that have been notified of event: \_\_\_\_\_ Date Notified: \_\_\_\_\_

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