

AUBURN SCHOOL DISTRICT ATHLETIC PROGRAM

(Synthetic Turf, Weight Room, Open Gym/Fields, Camps, Clinics, Games, Tournaments)

SCHOOL SPONSORED ACTIVITY

Procedure for Approval

Applicant must submit the following items to receive consideration for approval **3 weeks** prior to fundraiser.

- Coach/Activity Advisor must complete an Intent to Raise Funds form and Profit Loss form for each activity. Along with club minutes supporting fundraising activity. ALL ASB forms must have student signature approving. These forms must be submitted to the School Book Keeper.
- Coach/Activity Advisor will attach Application and Permit for Use of School Facilities, Synthetic Turf Use Agreement if applicable, ASB Intent to Raise funds, School Sponsored Activity Description & Approval form, Youth Sports - Head Injury Policies/Sudden Cardiac Arrest Awareness form, and Copy of Certificate of Insurance. ALL facility use agreements must be entered in the building master schedule through EMS.

Procedures for Registration Fees (if any)

- All fees associated with activity must be paid to the school cashier. Cashier will deposit all funds and copies of receipts with the District Business Office. Invoiced accordingly by schools ASB.
- If required by building, the fundraising group has agreed to pay for supervision, hours must be submitted (e-mailed) to Natalie Williams for proper billing to fundraising group.
- In cases where school cashier is closed for summer, Coach/Activity Director must coordinate collection, receipting and depositing with the School Book Keeper.



Subject: ASB Athletic/Activity Facility Use

When a school program runs an ASB sponsored event for athletics/activities, 100% of the revenue from the event must go directly back into the ASB club account.

If you choose to run an ASB sponsored event, you will need to complete the following:

1. _____ Auburn School District Facility Use form, with ASB Event clearly marked.
2. _____ Completed Youth Sports –Head Injury and Sudden Cardiac Arrest Awareness Form.
3. _____ Completed Turf Field Use Agreement. (if applicable)
4. _____ Completion of the School Sponsored Activity Form, with # of ASB club students participating.
5. _____ ASB Intent to Raise Funds w/proper ASB signatures.
6. _____ Copy of Certificate of Insurance w/at least \$1,000,000 Liability and the Auburn School District must be listed as additional insured.

REMINDER:

- Facility Use Charge must match total amount for Rental fee as listed on Column “B”.
- Supervision charges for coaches, if required, will be submitted out of the following accounts:

Rental Supervision Classified **8900 91 3020 XXX**

Rental Supervision Certificated **8900 91 2020 XXX**

- Submitted hours for supervision for each coach/supervisor, must be submitted to Natalie Williams via e-mail for proper billing to the rental group. This is billed separate from your fundraiser agreement.
- You must submit your supervision on your building timesheets accordingly with the proper account as listed above.
- ALL ASD Synthetic Baseball and fastpitch fields will be permitted to schedule up to **40 total outings a year (September 1 – August 31) for fundraising purposes.**
- An outing is defined as a game or practice lasting up to 3 hours.
- These fundraising outings are only for K-12 school aged students/programs.
- ALL synthetic turf fields, no metal cleats, no shelled seeds on field, stands, or around facility. Supervisor’s responsibility to enforce the rules.
- ALL ASB Sponsored fundraisers must have students involved from their ASB club in order for the rental to be a fundraising event. ASB minutes supporting fundraiser, etc. NO EXCEPTIONS!
- ALL Required documents must be signed off by the Building Athletic Director and Principal prior to being submitted to the ASD Athletics Office. ALL documents must be submitted at least **3 weeks prior** to the first fundraising rental use date.

If a school program does not wish to go this route, then the program will be charged facility use as per the attached Auburn School District Facility Use form and provide appropriate insurance.

SCHOOL SPONSORED ACTIVITY

(Camps, Clinics, Games, Tournaments)

DESCRIPTION & APPROVAL FORM

School: _____

Person (s) Responsible: _____ Phone No: _____

Name of Activity: _____

Dates of Activities: _____

Describe the Activities: _____

Indoor/Outdoor Facilities to be used: _____

Identify the **ASB STUDENTS** to be working the fundraiser: _____

Supervision and Safety plan: _____

Fee requirement: ☐ Yes ☐ No If yes, amount: \$ _____

All fees must be received, receipted and reconciled by the ASB Bookkeeper.

All wages or stipends made to workers **must** be processed through the ASD Payroll Department.

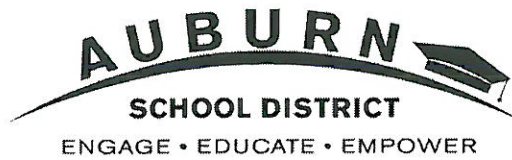
The following items are required for school sponsored activities:

- Signed Parent Permission Form
- Emergency Medical Release – Compliance Statement for HB 1824 & Cardiac Arrest
- **Application and Permit For Use of School Facilities + All required attachments**

Coach/Activity Advisor Signature: _____ Date: _____

Building Athletic Director Signature: _____ Date: _____

District Athletic Director Signature: _____ Date: _____



AUBURN SCHOOL DISTRICT SYNTHETIC TURF FIELD USE AGREEMENT

_____ Requests the use of the Auburn School District synthetic turf fields.

This group, verifies all participants, coaches, athletes and their parent/guardian will follow the outlined facility rules as follows:

1. No metal cleat/spikes allowed on synthetic turf field.
2. No shelled seeds of any kind will be allowed on the field, dugouts, bleachers, or around the field at any time before, during or after the event.
3. Any damage to the facility or field, repairs will be the responsibility of the renting group. Group will be charged accordingly for repairs.

Signed:

Representative of _____
(Group renting facility)

_____ (Date)

Any violation of the above will be cause for immediate termination of the agreement between rental group and the Auburn School District.



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:

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

Signs observed by teammates, parents and coaches include:

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

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Return to Play after a Concussion

If your child does get a concussion, they will not be able to return to full participation for at least a week. There may be instances in which your child's healthcare provider determines that more time for recovery is needed. Once symptoms have returned to baseline levels, a Return to Play protocol will begin. There must be at least 24 hours in between each step and each step needs to be supervised by a healthcare provider.

The basic Return to Play progression is:

- Day 1: 24 hours with no concussion symptoms (must include a day of school)
- Day 2: Light aerobic activity only to increase the heart rate (5-10 minutes of light jog or exercise bike) (no weight lifting)
- Day 3: Sport-specific activity
- Day 4: Non-contact training drills
- Day 5: Full contact practice
- Day 6: Normal game play/competition"

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.

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

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

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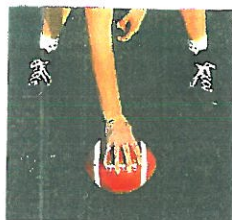


Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? 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
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- 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 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 (gaspings). 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!



Cardiac 3-Minute Drill

1. RECOGNIZE Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second Counts!**

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org



**WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION**



**SCA Awareness
Youth Heart Screening
CPR/AED in Schools**

www.nickoftimefoundation.org



Compliance Statement for HB 1824, **Youth Sports-Head Injury Policies** and SB 5083,

Sudden Cardiac Arrest Awareness.

(Must be attached to any building/facility use request form)

_____ requests the use of the Auburn School District facilities for the following dates:

This group, verifies all participants, coaches, athletes and their parent/guardian have complied with mandated policies for, the **Management of Concussions and Head Injuries** as prescribed by HB 1824, Section 2 and **Sudden Cardiac Arrest Awareness** as prescribed by SB 5083, Section 3.

Attached is a proof of insurance under an accident and liability policy issued by an insurance company authorized to do business in Washington State covering any injury or damage with at least \$50,000 due to bodily injury or death of one person and at least \$100,000 due to bodily injury or death of two or more persons.

Signed:

Representative of _____
(group renting facility)

_____ (Date)

***Note:** Access to school facilities may not be granted until all requirements of this application are complete and approved by the school district and/or designee