

**APPLICATION FOR PERMIT TO USE DISTRICT:**

**\*Please check one**  ASD USE ONLY  ASB ONLY  
 FACILITIES  FIELD/STADIUM  GYMS

\_\_\_\_\_ Auburn School District No. 408  
 Permit Number Auburn, Washington 98002

Facility Requested \_\_\_\_\_ Specific facilities requested (Specify: room #, which field, etc.) \_\_\_\_\_ \*Only those facilities/items requested will be available

Purpose \_\_\_\_\_ Tax exempt/non-profit organization?  Yes  No

Name of person or organization using facility \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ ( ) \_\_\_\_\_ Phone \_\_\_\_\_

Contact person \_\_\_\_\_ Email address \_\_\_\_\_ Phone \_\_\_\_\_

**Date(s)** \*Specify from/to & which days \_\_\_\_\_ Time: Event starts \_\_\_\_\_ ends \_\_\_\_\_ What time do you need to be in building? \_\_\_\_\_

Will there be an admission or donation taken?  Yes  No Amount \$ \_\_\_\_\_

**Special/Equipment Requests:** \_\_\_\_\_

**Charges**

Building \$ \_\_\_\_\_  
 Custodian \$ \_\_\_\_\_  
 Equipment \$ \_\_\_\_\_  
 Field/Stands \$ \_\_\_\_\_  
 Gym \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**TOTAL \$** \_\_\_\_\_

Send Confirmation/Bill to: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**NOTICE: TOBACCO USE IS PROHIBITED IN/ON ALL FACILITIES AND GROUNDS.**

**Hourly Rates**

FACILITIES	B	C	D	STADIUMS	B	C	D	GYMS	B	C	D
Admin Board Room	15	40	80	Artificial Turf	30	135	270	Auxiliary Gym (HS)	25	60	120
Classroom/Portable	10	20	40	Bleachers	10	20	40	Auxiliary Gym (MS)	15	50	110
Commons (HS)	25	60	80	Concession Stand	6	25	50	Bleachers	10	30	60
Commons (ES & MS)	15	40	70	Field Lights	17	35	70	Concession Stand	10	30	60
Conference Room	12	40	80	Locker Room (each)	6	25	50	Gym (ES)	20	40	80
Faculty Room	12	40	80	Press Box	10	20	40	Half Main Gym (HS)	25	60	120
Kitchen *Kitchen Manager Required	30	55	110	Scoreboard	6	15	30	Locker Rooms (Each)	10	30	60
Kitchen Manager/Cook	30	30	30	Ticket Booth	6	15	30	Main Gym (HS)	30	75	150
Library	20	40	80	<b>FIELDS</b>	<b>B</b>	<b>C</b>	<b>D</b>	Main Gym (MS)	25	60	120
<b>SWIMMING POOL</b>	<b>B</b>	<b>C</b>	<b>D</b>	Turf Baseball/Softball	35	135	270	Public Address System	10	30	60
Lane Rental (Per lane)	10	20	40	Baseball/Softball (HS)	25	50	100	Score Clock	10	30	60
Entire Facility	40	80	150	Baseball/Softball (MS)	10	25	50	Weight Room (Supervisor Required)	15	40	80
*Minimum 2 lifeguards required @ lifeguard rate of pay				Football/Soccer (MS)	6	15	30	Wrestling Room	15	40	80
				Grass Field (ES)	6	15	30				
				Tennis Courts (3 w/lights)	15	25	50				

**NOTICE: Wages for custodial, supervisory, technical, and other support personnel are in addition to the above fees.**

It is agreed that this application is made subject to the general regulations for the use of public school buildings. The undersigned agrees these rules shall be strictly observed and accepts entire responsibility for their enforcement, agrees to protect the premises and indemnify the school district for any damage due to the occupancy of the building or grounds covered by this permit. It is understood and agreed to by the applicant that this permit may be revoked or canceled at any time with or without cause and that in the event of such revocation or cancellation, there shall be no claim or right to damages or reimbursement on account of any loss, damage, or expense whatsoever. The applicant further agrees to protect, indemnify and save harmless the district, its officers and employees from any claims, liabilities, damages, allegations, or rights of action directly or indirectly resulting from the use of the premises covered by this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Building Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Building Athletics/Activities Director Signature \_\_\_\_\_ Date \_\_\_\_\_ Assistant Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

District Director of Athletics/Activities/Facility Use Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Principals and Custodians: Please report in writing to the Business Office any infraction of rules of the Board of Education or damage to school property resulting from the meeting covered by this permit.

Required Document(s) Attached:  Concussion Paperwork  Insurance Certificate (Exp. Date \_\_\_\_\_)  Non-Profit Letter

## **CATEGORIES:**

- A. School organization
- B. Non-profit groups within the Auburn School District boundaries
- C. Profit-producing groups within the Auburn School District boundaries AND Non-profit groups from outside the Auburn School District boundaries
- D. Profit-producing groups from outside the Auburn School District boundaries

## **APPLICATIONS**

- District/School use has priority with no charge
- Application must be completed by an adult representative
- Principal or designee must sign before application is sent for other signatures and recorded
- Applications must be received at least ten (10) days prior to event
- Facilities shall be limited to those specified on the application
- Approval for use is based on priorities listed in School Board policy 4330
- Applications can only be for dates within the school year calendar

## **LIMITATIONS:**

- Facility use not in the best interest of the district will not be approved
- Persons/groups without proper permit will not be admitted to any facility
- Certificate of Insurance is REQUIRED
  - At least \$1,000,000 Liability
  - The Auburn School District must be listed as additional insured.

## **REGULATIONS:**

(1) It is the applicant's responsibility to state on the application, in detail, the intended use of the facility. (2) The applicant shall certify to be personally responsible for any damage or unnecessary abuse of school buildings, grounds, or equipment resulting from the use of the said premises. The applicant shall agree to abide by and enforce the rules and regulations of the Auburn School District governing the non-school use of buildings, grounds, and equipment. The applicant shall agree to hold the Auburn School District harmless and indemnify for any claims arising out of the event held by the user. (3) Alcoholic beverages or narcotics will not be brought to or consumed on the school premises. (4) Boisterous conduct, profane or improper language, drinking, and other objectionable practices will not be allowed in school district facilities. (5) Use of tobacco or tobacco products shall not be allowed in school district facilities. (6) A designated school district employee or representative must be on site during any usage. (7) Only that portion of the building listed and approved on the application will be available for use by the organization. (8) When the building or equipment is damaged or left in an unsatisfactory condition, the responsible group will be billed for cost of repair, replacement, and/or cleaning of the facility; and may be denied use of school facilities until payment is received. (9) Applicants are required to remove, at their expense, materials, equipment, furnishings, or rubbish left after use of school facilities. If this is not done, the organization to which the permit is issued will be required to pay the cost of the removal. (10) Keys to buildings or facilities will not be issued to user groups. The facilities will be opened and closed by school district personnel or an authorized representative. (11) All equipment, furniture, and other school property will be protected and left in the same location and condition as originally found. (12) User organization must conform to all local ordinances including police and fire department regulations. (13) All meetings will terminate and the facility will be vacated by 11:00 p.m. on school nights, unless otherwise approved. (14) Kitchen will not be available for usage before 2:30 p.m. on school days, unless prior approval is granted. Rules posted in kitchen regarding use will be observed. Kitchen equipment usage will be permitted only when supervised by a district employee or representative. (15) The user organization will be responsible for the enforcement of the above related regulations and shall be responsible for all participants, spectators, and affiliated personnel. (16) When large crowds are anticipated, it will be the responsibility of the using organization to notify local law enforcement agencies for aid in handling traffic and crowd control.

## **USER CHARGES:**

(1) User of the facilities will be charged according to the appropriate rental schedule. (2) Groups using the facilities will be charged for services of district personnel required for supervision and/or custodial services. These charges will be the current rates paid by the district. (3) Reciprocal facility use will be considered in calculating user charges. (4) Rates are to be reviewed on an annual basis or as needed by the school district and are subject to change.

## **PAYMENTS:**

All charges and fees for services performed by custodians, cooks, supervisors, etc. shall be arranged through the school contact and paid to the school district's business office. Organizations, groups, or individuals shall not make any payment directly to any school employee or make any individual arrangements with employees regarding service charges. All charges or damages shall be billed from the business office directly to the applicant.

## **CANCELLATIONS:**

The school district reserves the right to cancel non-school activities in favor of school activities whenever the two conflict for time. Whenever possible, the school district will notify non-school user of cancellations at least two (2) weeks in advance. User's notice of cancellation must be submitted to the school district at least two (2) working days prior to event. A custodial time of four (4) hours may be charged if user fails to cancel within specified time.

## **RIGHTS RESERVED TO REVOKE PERMITS:**

The board of director's reserves the right to cancel any permit given and to refund any payment made for the use of school buildings or grounds where it is deemed such action advisable and in the best interests of the school district or to modify its policies at any time. All permits automatically expire at the close of the school year. A separate request is required for use of school facilities during the vacation period.



## 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
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**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
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**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.



## **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/>

James P. Fugate Administration Building • 915 Fourth Street NE • Auburn, WA 98002-4499 • 253-931-4900

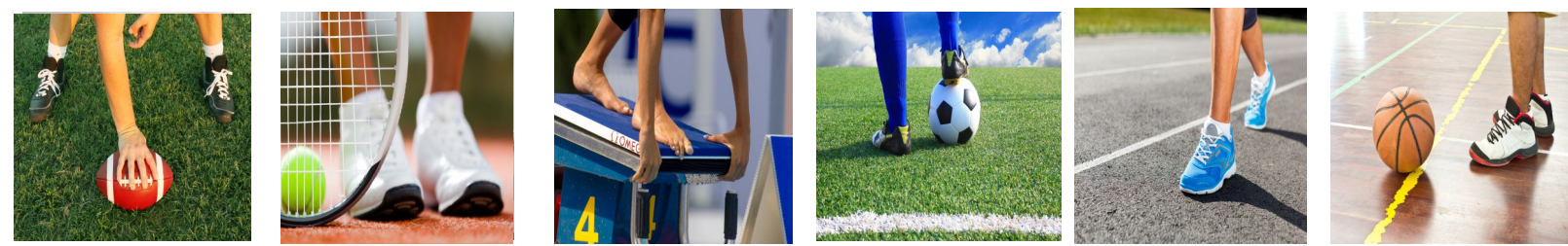


# Sudden Cardiac Arrest

## 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!**



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:

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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