

ST. JOHN SCHOOL
301 W. Nob Hill
St. John, WA 99171
(509) 648-3336
Fax: (509) 648-3451



ENDICOTT SCHOOL
308 School Drive
Endicott, WA 99125
(509) 657-3523
Fax: (509) 657-3521

LEARNING, GROWING, SUCCEEDING TOGETHER

Building Use & FOB / Key Request Form

Application and Agreement for Use of School Facilities

School Building Requested ☐ St. John or ☐ Endicott

Facility Requested ☐ Classroom, please specify: _____

☐ Elementary Gym ☐ Football Field ☐ High School Gym ☐ Kitchen

☐ Multipurpose Room ☐ Weight Room ☐ Other, please specify: _____

Day(s) / Time(s) Requested

Please be specific and attach a schedule if you have one.

Day(s) of Week ☐ Sun. ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat.

 **Date(s) Requested** From: _____ To: _____

 **Time(s) Requested** From: _____ To: _____

School Year Requested _____ **Schedule attached** ☐ Yes ☐ No


Name of Individual Completing Request _____

 **Phone Number** _____

Mailing Address _____

Group Making Request _____

Type of Meeting/Purpose _____

 **Is this a Youth Athletic Activity?** ☐ Yes ☐ No ☐ N/A


**If yes, please complete the Youth Athletic Activity packet and return Certificate of Dissemination.*

Approximate Number Attending _____ **Open to public?** ☐ Yes ☐ No

Is there a charge for attending? ☐ Yes ☐ No **If yes, how much?** _____

Is this activity school related? ☐ Yes ☐ No

Would you like the activity added to the school bulletin / calendar? ☐ Yes ☐ No

 **Building FOB Requested?** ☐ Yes ☐ No **PIN Requested:** _____

FOB Pick Up Date _____ **Return Date** _____

 **Kitchen Key Requested?** ☐ Yes ☐ No

Key Pick Up Date _____ **Return Date** _____

**If yes to FOB or Key Requested, applicant agrees to the following conditions:*


- **\$5, cash only, refundable deposit due upon approval, prior to receiving key/FOB.**
- FOB/Key will be returned no later than the return date listed above to avoid forfeiting the deposit of \$5. (FOB will no longer be active after this date, regardless if it is returned or not).
- The individual requesting this FOB/Key is an adult, 21 years or older, and is responsible for the FOB/Key and for the proper use and care of the facilities requested.
- FOB/Key must remain in the possession of the person signing this form and should not be given to any other person for access to the school.

- FOB/Key may only be used to access the school during the times listed on this form for the requested purpose listed on this form.
- The individual requesting this FOB/Key must be present at all times to supervise users of the facilities requested.
- Building users should not wander the halls or venture elsewhere throughout the school.
- The individual requesting this FOB/Key is responsible for the safe and proper conduct of youth and other adults using the facility.
- At no time may underage youth be allowed access to the facilities without adult supervision.
- Applicant will turn out all lights when leaving and be sure to check that all doors accessed when entering the building are locked upon leaving.
- Gym Rules are as follows:
 - Inside soft-soled, non-marking shoes must be worn-no outside shoes or boots may be worn on gym floors.
 - Balls and other equipment must be provided by the user-school equipment may not be used.

This application for use of school facilities is approved subject to the following regulations:


- Payment of any service charge shall be made in advance unless prior arrangements have been made with the business office.
- Any group or individuals using the facilities accept responsibility for any damage done to District property and shall reimburse the District for any such damage.
- When no service charge is made, the group or individuals agree to clean the facilities and restore the equipment/furniture to its original arrangement.
- Only the applicant's group will use the facilities listed in the application.
- Smoking, tobacco use and alcohol consumption are not permitted on school grounds. Groups or individuals using school facilities accept responsibility for enforcement of this rule.
- The District reserves the right to cancel, upon any amount of notice, any meeting of activity in any District facility.
- Groups or individuals using school facilities agree to protect and to indemnify for costs, legal and other expenses the District, it's officers, directors and agents from all claims, liabilities or suits related to or arising from acts or omissions of such groups or individuals in connection with the use of any such school facilities.



*****By signing below, applicant agrees to all aforementioned conditions in this application.**

 **Applicant Signature** _____
Date _____

OFFICE USE

By signing below, building principal(or designee) approves application for building use and/or FOB/Key check-out.

 **Superintendent Signature** _____
Date _____

 **Kitchen Key Approved** ☐ Yes ☐ No ☐ n/a  **FOB Approved:** ☐ Yes ☐ No ☐ n/a


Administration waives any charges: ☐ Yes ☐ No*

If No, charges are as follows: _____

**By signing below, applicant agrees to the above-mentioned terms and service charge(s).*

Applicant Signature _____

Superintendent Signature _____

 FOB / Key Assigned:	\$5 Deposit Received By:	Date Issued:	Assigned By:	Date Returned:	Collected By:

 **Door(s) Access Assigned:** _____

\$5 Deposit Returned to: _____ **Returned By / Date:** _____

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Building Use - Youth Athletic Activity Packet

Complete and return this page with Building Use Request Form

Certificate of Dissemination – Concussion Information

State of Washington law requires all youth athletic activities using school facilities to provide information about concussions and head injuries to coaches and parents of participants.

The Lystedt Law passed in 2009 requires coaches (or volunteer leaders of youth athletic activities) to know and understand the dangers of sport-related head injuries and to take immediate action to remove participants from practice or competition when any suspected head injury occurs. Participants suspected of sustaining a concussion injury may not return to practice or play until examined by, and cleared by, a licensed health care provider trained in the evaluation and management of concussions.

Share the attached information regarding concussions with your parents and especially your volunteers and coaches who supervise your activities. You may wish to have parents sign and return to your organization a form indicating their understanding of concussion injuries and the new law.

By signing below, you certify to the District that this information has been disseminated to parents of youth participants and that your coaches or activity supervisors know their responsibilities under the Lystedt Law.

Signature _____ **Date** _____

Printed Name and Position _____

Group or Organization _____

Certificate of Dissemination – Sudden Cardiac Arrest Awareness Information

State of Washington law requires all youth athletic activities using school facilities to provide information about sudden cardiac arrest to coaches and parents of participants. Share the attached information regarding sudden cardiac arrest awareness with your parents and especially your volunteers and coaches who supervise your activities. You may wish to have parents sign and return to your organization a form indicating their understanding of sudden cardiac arrest.

By signing below, you certify to the District that this information has been disseminated to parents of youth participants and that your coaches or activity supervisors know their responsibilities.

Signature _____ **Date** _____

Printed Name and Position _____

Group or Organization _____

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Student/Parent Concussion & Cardiac Arrest Awareness Form

The St. John and Endicott School Districts believe participation in athletics improves physical fitness, coordination, and self-discipline and gives students valuable opportunities to learn important social and life skills.

With this in mind, it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent, guardian or student you play a vital role in protecting participants and helping them get the best from sports.

Student and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness information you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and the student. By signing below, you certify to the District that you have received, read and understand the information presented in the concussion and sudden cardiac arrest awareness sheet.

Student Name Printed

Student Signature

Date

Parent or Guardian Name Printed

Parent or Guardian Signature

Date

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Concussion Information and Acceptance

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump to the head, blow the head, 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 the 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
- "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
- 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

Signs observed by teammates, parents and coaches include:

- 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

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 the 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 the 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 all student-athletes' 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 it out.

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

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

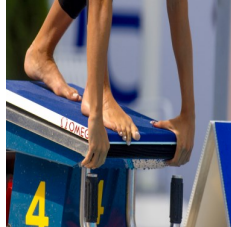


Sudden Cardiac Arrest

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!**