



**Plattsmouth Community School District Central Office**  
**1912 Old Highway 34**  
**Plattsmouth, NE 68048**  
**Dr. Richard E. Hasty, Superintendent**  
**Dr. Cherie Larson, Director of Instructional Services**  
**Mrs. Amanda Wright, Special Education Administrator**  
**Phone: (402) 296-3361 Fax: (402) 296-2667**  
**[www.pcsd.org](http://www.pcsd.org)**

*Working together to achieve Academic success, respectful Behavior, and Career readiness in a Safe environment.*

**1100B Agreement to Comply with**  
**District Conditions for Facilities Use Fee Waiver**

I, \_\_\_\_\_, certify that I am the head of the \_\_\_\_\_ organization and the organization wishes to have Hourly Use Fees for Practice/Rehearsal waived, pursuant to Option 1, District Conditions for Fee Waivers, found in Board Policy 1100.

**Initials**

\_\_\_\_\_ 1. I agree that the organization, and any coaches from the organizations, will implement the skill development and training program recommended by the District, in concert with the Head Coach/Sponsor of the same sport/activity.

\_\_\_\_\_ 2. I agree to have all coaches/sponsors complete the District Volunteer Application Process, with the cost to be paid by the organization.

\_\_\_\_\_ 3. I agree to ensure that our organization provides equitable participation of all registered youth, with the exception of an all-star/select team that is compiled from rosters of all registered youth.

\_\_\_\_\_ 4. I agree to provide the District with written documentation of official non-profit status [501(c)(3) or equivalent], or evidence that the organization is in the process of obtaining such status, prior to use of facilities. I understand that information about obtaining 501(c)(3) status is available from the Internal Revenue Service <https://www.irs.gov/charities-and-nonprofits>.

I further agree that the request is being made of my own free will, based on the best interest of the organization, and I am not being unduly influenced by anyone from the District to meet the identified requirements. I understand that it is my responsibility to contact the Head Coach of the same sport to identify the skill development and conditioning program that is recommended by the District. I understand the District Volunteer Application Process may take anywhere from a few days to several weeks to complete, and any potential coach will not be allowed to use school facilities, until he/she is on the District's Approved Volunteer List. I understand fees for the District Volunteer Application Process must be paid at the time of application. Prior to the start of the season, I will inform all coaches of the requirement to provide equitable participation of all registered youth. I will ensure all items are completed in a timely manner.

\_\_\_\_\_  
Name, Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name, Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Attach to 1100A Application for Use of School Facilities**

Rev. Sep. 9, 2013, Jan. 13, 2014, Jan. 12, 2015, Jan. 11, 2016, Jan. 9, 2017, Jan. 15, 2018, Feb. 11, 2019, Feb. 10, 2020,

Reviewed: Feb. 8, 2021, Sept. 13, 2021, Feb. 14, 2022, July 11, 2022, Feb. 13, 2023, May 8, 2023, Feb. 12, 2024