

LIBERTY SCHOOL DISTRICT # 362

*29818 S. North Pine Creek Road
Spangle, Washington 99031
509-245-3223*

ITEMS REQUIRED TO BE COMPLETELY FILLED OUT

- APPLICATION AND AGREEMENT FOR USE OF SCHOOL FACILITIES**

- COMPLIANCE STATEMENT FOR HB 1824, YOUTH SPORTS-HEAD INJURY POLICES AND SB 5083, SUDDEN CARDIAC ARREST AWARENESS.**

- RELEASE FOR PERSONAL INJURY AND DAMAGE**
- OR**
- COPY OF PROOF OF INSURANCE ATTACHED**

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APPLICATION AND AGREEMENT FOR USE OF SCHOOL FACILITIES

NOTE: This form MUST be submitted at least 2 SCHOOL DAYS prior to the date the facility is being requested.

Group making request: _____ **Date:** _____

Type of Meeting/Activity: _____ **Approx. Number Attending:** _____

Name of Person/Persons Responsible for Group: _____

Address: _____ **Phone:** _____

Facility Requested: _____ **Second Choice:** _____

Dates Requested: _____ **Time Requested: From:** _____ **To:** _____

1. It is understood that, at **ALL** times the group is to be under my supervision.
2. It is agreed that the use of the facility is to be confined to the time of day and the specific area requested.
3. **The building will not be available on days when school is not in session. (Due to weather or emergency)**
4. It is agreed that the responsible party will reimburse the district if any damage occurred while using the facility.
5. It is agreed that the facility will be cleaned and equipment returned to its original storage.
6. Control and supervision for all attendees will be the sole responsibility of the party reserving the facility.
7. **All parties MUST stay within the area requested.**
8. Smoking, use of tobacco products, alcohol or drugs is not permitted in the school building or on school grounds. The responsible party accepts responsibility for the enforcement of this state law.
9. It is understood that any violation of the above rules will result in immediate suspension of the privilege.
10. The district reserves the right to cancel, upon short notice, any meeting or activity in any district facility.
11. Any expense incurred by the district due to the use of the facility will be charged to the responsible party.
12. COPY OF PROOF OF INSURANCE ATTACHED-----

The following charges may be applicable for use of the facility when district personnel are not on regular shift:

Service Charge: (as set forth in Policy 4330) \$ _____

Custodial: (at union rate) \$ _____

Utilities: (\$10.00 per hour per facility) \$ _____

Other: \$ _____

By signing this form I agree to all the above regulations. I agree to protect and to indemnify for costs, legal and other expenses, the District, its officers, directors, and agents from all claims, liabilities or suits related to or arising from acts of omissions of such groups or individuals in connection with the use of any such school facilities.

Name: _____ Signature: _____

Approved _____ Disapproved _____

Liberty School District Representative

Date

Gymnasium & Field Use: Athletic Director

Classroom/Common Area Use: Building Principal

LIBERTY SCHOOL DISTRICT

Compliance Statement for HB 1824, **Youth Sports-Head Injury Polices** and SB 5083, **Sudden Cardiac Arrest Awareness.**

(attach to any building/facility use request form)

(group making request)

requests the use of the Liberty School District facilities for the following dates:

(group making request)

a private non-profit youth sports group, verifies all 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 or one person and at least \$100,000 due to bodily injury or death to two or more persons.

Signed:

(Representative of Private or Non-Private Youth Sports Group)

Date:

Print:

(Representative of Private or Non-Private Youth Sports Group)

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

LIBERTY SCHOOL DISTRICT # 362 – INFORMATIONAL PACKETS

RCW 4.24.660 - Liability of school districts under contracts with youth programs.

*** CHANGE IN 2015 *** (SEE 5083-S.SL) ***

(1) A school district shall not be liable for an injury to or the death of a person due to action or inaction of persons employed by, or under contract with, a youth program if:

(a) The action or inaction takes place on school property and during the delivery of services of the youth program;

(b) The private nonprofit group provides proof of being insured, under an accident and liability policy issued by an insurance company authorized to do business in this state, that covers any injury or damage arising from delivery of its services. Coverage for a policy meeting the requirements of this section must be at least fifty thousand dollars due to bodily injury or death of one person, or at least one hundred thousand dollars due to bodily injury or death of two or more persons in any incident. The private nonprofit shall also provide a statement of compliance with the policies for the management of concussion and head injury in youth sports as set forth in RCW 28A.600.190; and

(c) The group provides proof of such insurance before the first use of the school facilities. The immunity granted shall last only as long as the insurance remains in effect.

(2) Immunity under this section does not apply to any school district before January 1, 2000.

(3) As used in this section, "youth programs" means any program or service, offered by a private nonprofit group, that is operated primarily to provide persons under the age of eighteen with opportunities to participate in services or programs.

(4) This section does not impair or change the ability of any person to recover damages for harm done by: (a) Any contractor or employee of a school district acting in his or her capacity as a contractor or employee; or (b) the existence of unsafe facilities or structures or programs of any school district.

[2009 c 475 § 1; 1999 c 316 § 3.

[2009 c 475 § 1; 1999 c 316 § 3.]

RCW 28A.600.190 - Youth sports — Concussion and head injury guidelines — Injured athlete restrictions — Short title.

(1)(a) Concussions are one of the most commonly reported injuries in children and adolescents who participate in sports and recreational activities. The centers for disease control and prevention estimates that as many as three million nine hundred thousand sports-related and recreation-related concussions occur in the United States each year. A concussion is caused by a blow or motion to the head or body that causes the brain to move rapidly inside the skull. The risk of catastrophic injuries or death are significant when a concussion or head injury is not properly evaluated and managed.

(b) Concussions are a type of brain injury that can range from mild to severe and can disrupt the way the brain normally works. Concussions can occur in any organized or unorganized sport or recreational activity and can result from a fall or from players colliding with each other, the ground, or with obstacles. Concussions occur with or without loss of consciousness, but the vast majority occurs without loss of consciousness.

(c) Continuing to play with a concussion or symptoms of head injury leaves the young athlete especially vulnerable to greater injury and even death. The legislature recognizes that, despite having generally recognized return to play standards for concussion and head injury, some affected youth athletes are prematurely returned to play resulting in actual or potential physical injury or death to youth athletes in the state of Washington.

(2) Each school district's board of directors shall work in concert with the Washington interscholastic activities association to develop the guidelines and other pertinent information and forms to inform and educate coaches, youth athletes, and their parents and/or guardians of the nature and risk of concussion and head injury including continuing to play after concussion or head injury. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the youth athlete and the athlete's parent and/or guardian prior to the youth athlete's initiating practice or competition.

(3) 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.

(4) A youth athlete who has been removed from play 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 receives written clearance to return to play from that health care provider. The health care provider may be a volunteer. A volunteer who authorizes a youth athlete to return to play is not liable for civil damages resulting from any act or omission in the rendering of such care, other than acts or omissions constituting gross negligence or willful or wanton misconduct.

(5) This section may be known and cited as the Zackery Lystedt law.

[2009 c 475 § 2.]

LIBERTY SCHOOL DISTRICT # 362

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509-245-322

RELEASE FOR PERSONAL INJURY AND DAMAGE

All physical activity has risks that may range from a fall, to muscle and ligament damage, to circulatory or heart disorders. Consequently you must make sure that your health is adequate to participate in the strenuous, vigorous physical activity involved in athletic participation. It is your responsibility to check with the physician of your choice about your health status and if there is any question regarding your fitness for participation. If you, at any time during your participation, experience any distress or have any questions regarding your participation, notify your coach. Liberty School District provides no participant accident insurance or athletic accident insurance for tryouts or participation in any organized team, individual volleyball training, or fitness training. You must provide your own coverage.

WHEREAS the undersigned voluntarily desires to participate in a Liberty School District's gymnasium, volleyball practice (team or individual), open gym, or fitness training; and

WHEREAS the undersigned is duly aware of the risks and hazards that may arise through participation in said activities and that participation in said activities may result in loss of life, limb, property, or all three, of the undersigned.

THEREFORE, it is agreed as follows:

THAT in consideration of being allowed to participate in said activities, the undersigned hereby

voluntarily assumes all risks and accident or damage to his/her person or property and all risks of liability or demands of any kind sustained, whether caused by the negligence of Liberty School District's agents or employees, or otherwise; and

THE undersigned further voluntarily agrees that the above release shall be binding upon their heirs, administrators, executors, and assigns, of the undersigned; and

THE undersigned hereby affirms having accident insurance coverage and having adequate health status to participate in strenuous physical activity. The undersigned further acknowledges that the undersigned has the right to refuse to attempt, or to withdraw from the physical activity for any reason. The undersigned accepts the responsibility to report any injury, distress, preexisting condition that may impair performance, or other problems to the coach.

THE undersigned, by signing this release, hereby certifies that the undersigned has read and fully understands and agrees with the conditions herein provided.

Group Name: _____

Name of Person/Persons Responsible for Group: _____

Signature: _____ **Today's Date:** _____

Email: _____ **Emergency Contact #:** _____

CONCUSSION (Pamphlet) 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:

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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

*Adapted from the CDC and the 3rd International Conference on Concussion in Sport-

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.

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 its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

RETURN TO PARTICIPATION PROTOCOL

If you 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.

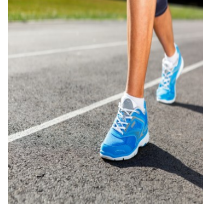
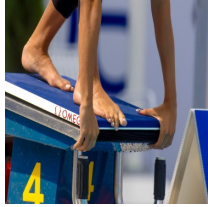
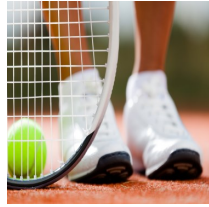
The return to play protocol may not begin until the participant is no longer showing signs or symptoms of concussion. Once symptom free, the athlete may begin a progressive return to play. This progression begins with light aerobic exercise only to increase the heart rate (5-10 minutes of light jog or 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.

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/2009

SUDDEN CARDIAC ARREST AWARENESS (Pamphlet) INFORMATION SHEET



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

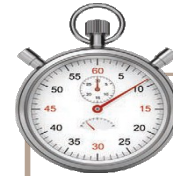
What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes 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

