TEWKSBURY TOWNSHIP BOARD OF EDUCATION
173 OLD TURNPIKE ROAD
CALIFON, NJ 07830
PHONE: 908-439-2010 FAX: 908-439-2655

STATEMENT OF COMPLIANCE WITH THE
TEWKSBURY TOWNSHIP BOARD OF EDUCATION POLICY #2431.4
"PREVENTION AND TREATMENT OF SPORTS RELATED CONCUSSIONS AND HEAD INJURIES"

I, _____

On behalf of:

_____

(hereinafter referred to as 'Licensee"), hereby certify to the following:

1. The Tewksbury Township Board of Education (hereinafter referred to as the "Licensor") and the Licensee are Parties to a Use of Public School Facilities Agreement (hereinafter referred to as the "Agreement") entered into on _____, for the purpose of permitting the Licensee to utilize the Tewksbury Township Public School Building (hereinafter referred to as the "Facilities") for the purpose of _____.

2. In accordance with N.J.S.A. 18A:40-41.5(b)(2), the Licensee has read and hereby agrees to comply with Board Policy #2431.4, a copy of which is attached and made a part of hereof in connection with its use of the facilities as provided in the Agreement.

WITNESS: LICENSEE:

_____ _____

Dated:_____ Dated:_____