

LOPATCONG TOWNSHIP SCHOOL DISTRICT
Lopatcong Township Board of Education
321 Stonehenge Drive
Phillipsburg, NJ 08865
Telephone 908-213-2995 ~ Fax 908-213-0373

Date of Application: _____

APPLICATION FOR USE OF SCHOOL FACILITIES

I. Name of Organization _____

II. Person(s) in charge _____

III. _____ Check if this application for one specific date:

A. Date Needed _____

IV. _____ Check if this application is for a planned long range schedule of athletic or other events.

LONG RANGE DATES NEEDED: From _____ To _____
Month Day Year Month Day Year

NOTE: Before approval is granted, the organization must submit its schedule (practice and actual games) to the Buildings and Grounds Supervisor (30) days in advance or by Sept. 1st of each year. Long range approval covers only the activities specified in the application. Additional applications must be submitted for all other one-day activities.

V. Area(s) OR Room(s) Requested for use:

VI. Number of persons using facility _____

VII. Hours facility will be used _____

VIII. Purpose _____

IX. WHICH SCHOOL IS REQUESTED (Middle) OR (Elementary)

A separate facilities request is to completed for each school building needed.

X. Equipment Needed: _____

XI. Room Set-Up~ # of Chairs _____ # of Tables _____ Audio Equipment: _____

Application for Use of School Facility Continued:

We, the undersigned on behalf of ourselves and/or our organization, agree to abide by such regulations as the Board of Education may provide and to see that the building is left in as good condition at the close of our use of it as it was when we entered it.

We will reimburse the Board of Education for any damage which may be done and we will hold the School District harmless from any obligation or liability incurred through our use of the premises.

We agree to meet fire regulations when spectators are admitted and limit the number to the seating capacity of the space rented.

It is understood that the Board of Education reserves the right to withhold the use of the building at any time that they may decide that it may interfere with school work, or for any other reason.

See attached list of General Conditions.

Signature of Representative

Organizational Title

Email Address: _____

Home Phone #: _____ Business Phone #: _____

Address: _____

FOR OFFICE USE ONLY

TO _____ DATE _____
Name of Organization and/or Contact Person

_____ Your application for use of school facility _____ **IS APPROVED.**
(area requested)

Board Approval Date: _____

_____ Your group may begin use of the facility on _____ which is in accord
with the established Board policy.

_____ Your application for use of school facility _____ was **NOT APPROVED**
because of the following reason: (area requested)

Signature, Certified Educational Facilities Manager

LOPATCONG TOWNSHIP BOARD OF EDUCATION
REQUEST FOR USE OF SCHOOL FACILITIES
HOLD HARMLESS AGREEMENT

I/WE HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS, the Lopatcong Township Board of Education, its Board members, administrators, directors, agents, officers, volunteers and employees (each considered one of the “Releases” herein), from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the “Releases” or otherwise, including negligent rescue operations and further agree that if, despite this release, I/we or anyone on behalf of me/us, or any person or participant in my/our activity identified on this document, makes a claim against any of the Releases named above, **I/WE WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.**

Signature

Date

With respect to use of the facilities for any athletic activity, all users must read the attached Lopatcong Board of Education's policy on concussion testing and return to play. The user agrees and certifies that it will comply with this policy for the management of concussions and other head injuries.

Signature

Date

General Conditions:

1. In addition to the coach or group leader, a hall monitor must be named and provided for each activity.
2. Any group or organization using Lopatcong School facilities must agree to assume responsibility for any legal liability for injury or damage to the person or property of the applicant or others and for any uninsured injury or damage to school or property. The group must agree to save the Lopatcong School Board harmless in the event of any injury or damage and must reimburse the Lopatcong School Board for any damage.
3. **Each group using school facilities will be required to furnish ALL of the following:**
 - a. **A certificate of insurance to verify existence of the group's liability coverage.**
 - b. **Proof that the Lopatcong School has been named as an additional insured on the group's policy.**
 - c. **A signed release from the sponsoring group which states that the group saves and holds the Lopatcong Board of Education harmless from all liability for injury or damages resulting from the group's activity in our facility.**
4. The use of alcoholic beverages in school buildings or on school grounds is prohibited.
5. Gambling is prohibited on school property.
6. Smoking is prohibited in the school building at all times.
7. School building shall not be used for parties and celebrations that are essentially private in nature.
8. The use of the school facilities should in no way restrict or limit the normal instructional program.
9. The use of school equipment is prohibited unless prior approval has been received from the activity coordinator.
10. The hours of use by outside organizations shall be between 2:30 PM. to 9:00 PM weekdays, and 8:00 AM. to 8:00 PM on Saturdays (**Elementary School**) and between 3:30 PM to 9:00 PM weekdays and 8:00 AM to 8:00 PM on Saturdays (**Middle School**).
11. **In the event the school is closed for any emergency reason, all scheduled late afternoon and evening activities will be cancelled.**
12. Regulatory equipment such as thermostats, valves, etc., is not to be adjusted or tampered.

Please keep this page for reference.

Rev. 12/2020

2431.04 – Prevention and Treatment of Sports-Related Concussions and Head Injuries (M)

A concussion is a traumatic brain injury caused by a direct or indirect blow to the head or body. In order to ensure the safety of students that participate in youth sports and related programs, including cheerleading and athletic/physical training, it is imperative that students, coaches, trainers, and parents are educated about the nature and treatment of sports-related concussions and other head injuries. Allowing a student to return to play before recovering from a concussion increases the chance of a more serious brain injury.

All youth sports team or athletic/physical training organizations that use this school district's facilities are required to review this Policy and its associated Regulation and ensure their coaches, trainers and parent volunteers are knowledgeable about the prevention and treatment of sports-related concussions and other head injuries in accordance with the provisions of N.J.S.A. 18A:40-41.1 et seq. For the purpose of this Policy and its associated Regulation, "youth sports team or athletic/physical training organizations" include all participating students from kindergarten through eighth grade where students compete against teams or individuals from other school districts, municipal or county programs, or other local sports leagues or engage in any personal athletic/physical training provided.

Any youth sports team or athletic/physical training organizations that use this school district's facilities will have distributed the New Jersey Department of Education Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form or substantially similar information to every student participant and their parent(s). Substantially similar information may be obtained from the New Jersey State Interscholastic Athletic Association, the National Collegiate Athletic Association, and the recommendations made by the Brain Injury Association of New Jersey Concussion in Sports Steering Committee, the Athletic Trainers' Society of New Jersey, and other organizations with expertise in the area of preventing or treating sports-related concussions and other head injuries. In addition, the organization will obtain a signed acknowledgement of the receipt of this information about the prevention and treatment of sports-related concussions and other head injuries from a parent of every student participant.

Any student who exhibits the signs or symptoms of a sports-related concussion or other head injury during practice or competition will be immediately removed from play and may not return to play that day. Emergency medical assistance will be contacted when symptoms get worse, or there is a loss of consciousness, direct neck pain associated with the injury, or any other sign the coach, trainer, or supervising parent volunteer determines emergency medical attention is needed. If available when the student is exhibiting signs or symptoms, the student will be evaluated by a trained medical professional. The coach, trainer, or supervising parent volunteer will contact the student's parent and inform the parent of the suspected sports-related concussion or other head injury.

A student who sustains or is suspected of sustaining a concussion or other head injury will be required to have a medical examination conducted by their physician or licensed health care provider. The



student's physician or licensed health care provider will be trained in the evaluation and management of concussion to determine the presence or absence of a sports-related concussion or head injury.

The student's physician or licensed health care provider must provide to the youth sports team or athletic/physical training organizations a written medical release/clearance for the student indicating when the student is able to return to the sports activity. The medical release/clearance must indicate the student is asymptomatic at rest and either may return to the sports activity or athletic program because the injury was not a concussion or other head injury or may begin a graduated return to competition and practice similar to the protocol outlined in [Board Regulation #2431.04 – Prevention and Treatment of Sport-Related Concussions and Head Injuries](#). In addition, the student's parent is responsible for informing the school district's nurse and providing all pertinent medical information, including any recommendations from the student's physician or licensed health care provider for temporary accommodations for the student's teachers.

The school district will provide a copy of this Policy and its associated Regulation to all youth sports team organizations that operate on school grounds. In accordance with the provisions of N.J.S.A. 18A:40-41.5, the school district will not be liable for the injury or death of a person due to the action or inaction of persons employed by, or under contract with, or volunteer coaches/assistants of a youth sports team or athletic/physical training organization that operates on school grounds, if the youth sports team or athletic/physical training organization provides the school district proof of an insurance policy in the amount of not less than \$50,000 per person, per occurrence insuring the youth sports team organization against liability for any bodily injury suffered by a person and a statement of compliance with the school district's Policy and its associated Regulation.

For the purpose of this Policy a "youth sports team or athletic/physical training organization" means one or more sports teams organized pursuant to a nonprofit or similar charter or which are member teams in a league organized by or affiliated with a county or municipal recreation/sports organization/association or an organization that provides training to individuals to enhance their strength, flexibility, agility, and/or conditioning to engage in athletic or other physical activities.

This Policy and its associate Regulation will be reviewed and approved by the school physician and will be reviewed annually, and updated as necessary, to ensure it reflects the most current information available on the prevention, risk, and treatment of sports-related concussion and other head injuries.

Legal References

N.J.S.A. 18A:40-41.1; 18A:40-41.2; 18A:40-41.3; 18A:40-41.4; 18A:40-41.5

Adopted: June 11, 2019



R2431.04 – Prevention and Treatment of Sports-Related Concussions and Head Injuries (M)

A concussion is a traumatic brain injury caused by a direct or indirect blow to the head or body. Allowing a student to return to play before recovering from a concussion increases the chance of a more serious brain injury that can result in severe disability and/or death. The following procedures will be followed to implement N.J.S.A. 18A:40-41.1 et seq. and [Board Policy #2431.04 – Prevention and Treatment of Sport-Related Concussions and Head Injuries](#).

A. Prevention

1. Any youth sports team or athletic/physical training organizations that use this school district's facilities will have distributed the New Jersey Department of Education Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form or substantially similar information to every student participant and their parent(s). Substantially similar information may be obtained from the New Jersey State Interscholastic Athletic Association, the National Collegiate Athletic Association, and the recommendations made by the Brain Injury Association of New Jersey Concussion in Sports Steering Committee, the Athletic Trainers' Society of New Jersey, and other organizations with expertise in the area of preventing or treating sports-related concussions and other head injuries. This information will stress the importance of early identification and treatment of concussions to improve recovery
2. The youth sports team or athletic/physical training organization will obtain a signed acknowledgement of the receipt of this prevention information about the prevention and treatment of sports-related concussions and other head injuries from a parent of every student participant.

B. Signs or Symptoms of Concussion or Other Head Injury

1. Possible signs of concussions can be observed by coaches, assistants, trainers, or parents. Possible signs of a concussion may be, but are not limited:
 - a. Appears dazed, stunned, or disoriented;
 - b. Forgets plays, or demonstrates short-term memory difficulty;
 - c. Exhibits difficulties with balance or coordination;
 - d. Answers questions slowly or inaccurately; and/or
 - e. Loses consciousness.



2. Possible symptoms of concussion will be reported by the student to coaches, assistants, trainers, school nurse, and/or parent. Possible symptoms of a concussion are, but not limited to:
 - a. Headache;
 - b. Nausea/vomiting;
 - c. Balance problems or dizziness;
 - d. Double vision or changes in vision;
 - e. Sensitivity to light or sound/noise;
 - f. Feeling sluggish or foggy;
 - g. Difficulty with concentration and short-term memory;
 - h. Sleep disturbance; or
 - i. Irritability.

C. Emergency Medical Attention for Concussion or Other Head Injury

1. Any student who is exhibiting the signs or symptoms of a sports-related concussion or other head injury during practice or competition will immediately be removed from play and activities and may not return to the practice or competition that day.
2. The coach, assistant, or trainer supervising the student when the student is exhibiting signs or symptoms of a sports-related concussion or other head injury will immediately contact emergency medical assistance when symptoms get worse, loss of consciousness, direct neck pain associated with the injury, or any other sign the supervising school staff member determines emergency medical attention is needed.
 - a. In the event the a trained medical professional is available when the student is exhibiting signs or symptoms of a sports-related concussion or other head injury, the trained medical professional may make the determination to call emergency medical assistance.
3. The coach, assistant, or trainer supervising the student when the student is exhibiting signs or symptoms of a sports-related concussion or other head injury during practice or competition will report the occurrence to the student's parent of the suspected sports-related concussion or other head injury.

D. Sustained Concussion or Other Head Injury

1. A student who participates in a sports or athletic program and who sustains or is suspected of sustaining a concussion or other head injury will immediately be removed from practice or competition and will be required to have a medical examination conducted by their physician or licensed health care provider. The physician or licensed health care provider will be trained in the evaluation and management of concussion to determine the presence or absence of a sports-related concussion or head injury.



2. The student's physician or licensed health care provider must provide to the youth sports team or athletic/physical training organizations, upon the completion of a medical examination, a written medical release/clearance when the student is able to return to the sports activity. The release/clearance must indicate:
 - a. The medical examination determined the injury was not a concussion or other head injury, the student is asymptomatic at rest, and the student may return to the interscholastic athletic or cheerleading activity; or
 - b. The medical examination determined the injury was a concussion or other head injury, the student is asymptomatic at rest, and can begin the graduated return to competition and practice protocol outlined in E. below.

A medical release/clearance not in compliance with this requirement will not be accepted. The student may not return to the activity or begin the graduated return to competition and practice protocol until he/she receives a medical evaluation and provides a medical clearance/release.

3. Complete physical, cognitive, emotional, and social rest is advised while the student is experiencing symptoms and signs of a sports-related concussion or other head injury. (Minimize mental exertion, limit over-stimulation and multi-tasking, etc.)
4. The student's parent is responsible for informing the school district's nurse and providing all pertinent medical information, including any recommendations from the student's physician or licensed health care provider for temporary accommodations for the student's teachers.

E. Graduated Return to Competition and Practice Protocol

1. Upon the receipt of the written medical release/clearance from the student's physician or licensed health care provider, the student may begin a graduated return to competition and practice protocol supervised by a licensed athletic trainer, school or team physician, or designated school nurse trained in the evaluation and management of concussions and other head injuries. The following steps will be followed:
 - a. Step 1 – Completion of a full day of normal cognitive activities (attendance at school, studying for tests, watching practice, interacting with peers, etc.) without re-emergence of any signs or symptoms. If there is no return of signs or symptoms of a concussion, the student may advance to Step 2 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur, the student will be required to have a re-evaluation by their physician or licensed healthcare provider. The student will not be permitted to begin the graduated return to competition and practice protocol until a medical clearance, as required in D.3. above, is provided by the student's physician or licensed health care provider.
 - b. Step 2 – Light aerobic exercise, which includes walking, swimming, or stationary cycling, keeping the intensity less than 70% maximum percentage heart rate. There will



be no resistance training. The objective of this Step is increased heart rate. If there is no return of any signs or symptoms of a concussion, the student may advance to Step 3 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur, the student will return to Step 1.

- c. Step 3 – Sport-specific exercise including skating and/or running. There will be no head impact activities. The objective of this Step is to add movement and continue to increase the student's heart rate. If there is no return of any signs or symptoms of a concussion, the student may advance to Step 4 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur, the student will return to Step 2.
- d. Step 4 – Non-contact training drills such as passing drills, agility drills, throwing, catching, etc. The student may initiate progressive resistance training. If there is no return of any signs or symptoms of a concussion, the student may advance to Step 5 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur, the student will return to Step 3.
- e. Step 5 – The student's medical condition, upon completing Step 4 with no return of any signs or symptoms of a concussion, will be evaluated for medical clearance by the student's physician or licensed health care provider. Upon obtaining written medical release/clearance, the student may participate in normal training activities. The objective of this Step is to restore the student's confidence and for the coaching staff to assess the student's functional skills. If there is no return of any signs or symptoms of a concussion, the student may advance to Step 6 below on the next day. If a re-emergence of any signs or symptoms of a concussion occur or if the student does not obtain medical release/clearance to proceed to Step 6, the student's physician or licensed healthcare provider will determine the student's return to competition and practice protocol.
- f. Step 6 – Return to play involving normal exertion or game activity. If the student exhibits a re-emergence of any concussion signs or symptoms once he/she returns to physical activity, he/she will be removed from further activities and returned to Step 5.

F. Temporary Accommodations for Students with Sports-Related Head Injuries

1. Rest is the best "medicine" for healing concussions or other head injuries. The concussed brain is affected in many functional aspects as a result of the injury. Memory, attention span, concentration, and speed of processing significantly impact learning. Further, exposing the concussed student to the stimulating school environment may delay the resolution of symptoms needed for recovery. Accordingly, consideration of the cognitive effects in returning to the classroom is also an important part of the treatment of sports-related concussions and head injuries.



2. Mental exertion increases the symptoms from concussions and affects recovery. To recover, cognitive rest is just as important as physical rest. Reading, studying, computer usage, testing, texting, and watching movies if a student is sensitive to light/sound, can slow a student's recovery. In accordance with the Centers for Disease Control's toolkit on managing concussions, the Board of Education may look to address the student's cognitive needs in the following ways. Students who return to school after a concussion may need to:
 - a. Take rest breaks as needed;
 - b. Spend fewer hours at school;
 - c. Be given more time to take tests or complete assignments (all courses should be considered);
 - d. Receive help with schoolwork;
 - e. Reduce time spent on the computer, reading, and writing; and/or
 - f. Be granted early dismissal from class to avoid crowded hallways.

Adopted: June 11, 2019

