



**FREEHOLD BOROUGH BOARD OF EDUCATION
FREEHOLD, NEW JERSEY**

APPLICATION/PERMIT FOR USE OF PUBLIC SCHOOL FACILITIES

(All information must be legibly printed)

Date of application: _____ Name of Applicant: _____

Name of Group or Organization: _____

Type of Group:

_____ School Community _____ Non-Profit (Within Freehold Boro)
_____ Non-Profit (Outside Freehold Boro) _____ For Profit Organization

Address of Applicant: _____

Phone number of applicant: (H) _____ (W) _____

Tax Exempt #: _____ Copy of Tax Exempt Certificate: ____ Yes ____ No

Officers of Group or Organization: _____ Address and phone number

President: _____

Vice Pres: _____

Secretary: _____

Treasurer: _____

What facility is desired? _____

The areas or equipment checked below are requested by the activity:

_____ gymnasium _____ all-purpose room _____ scale
_____ kitchen _____ lavatory (men's) _____ # of chairs
_____ locker room _____ lavatory (women's) _____ # of tables
_____ dining hall _____ # of classrooms

Other _____

Fields _____

Date(s) facilities will be needed: Starting Date _____ Ending Date _____ Hours _____

Type of Activity:

_____ Practice _____ Game _____ Meeting
_____ Rehearsal _____ Performance _____ Other (Specify) _____

Description of activity listed above. (Please be specific.) _____

Is there an admission fee or entrance fee to be charged? ____ Yes ____ No Amount \$ _____

Name of supervisors/chaperones of the activity: _____

All applicants must attach an indemnity agreement with application

INDEMNITY AGREEMENT

It is understood and agreed that if this application is granted the group or organization shall neither do nor permit anything to be done in or about the desired premises or grounds which shall or might subject the board of education or district to liability for injury to persons or property and the group or organization shall indemnify and hold harmless the board of education and district from any and all liability, penalties, consequential and/or subsequential damages, expenses or judgments arising from injury to persons or property growing out of the use or occupancy of the desired premises or grounds by said applicant.

All applicants must attach with this application a certificate of insurance as proof of comprehensive general liability coverage naming the Freehold Borough Board of Education, New Jersey as an additionally insured party. The certificate must be written by company licensed to do business in the State of New Jersey and must include the following coverage:

Bodily injury:	\$ 500,000.00	each person
	\$ 500,000.00	each accident
	\$1,000,000.00	aggregated
Property Damage:	\$1,000,000.00	each accident

The applicant agrees to hold harmless and indemnify the Board of Education and district as a result of any losses or damage, including consequential and/or subsequential damage sustained by the applicant in the event the Board of Education cancels the use of any of its facilities. Such indemnification shall include attorney fees and costs.

The applicant acknowledges receipt of Board Policy and Regulations #7510 "Use of School Facilities", has read them and agrees to abide by the Board's Policy and does agree to comply with all of the terms, rules and regulations as shown, and does agree to pay promptly the charges as stated on the application. The applicant agrees to be responsible for any and all fees set by the Board of Education to cover such services as custodians and lighting/sound technicians and the cost of the rental of the facility.

The applicant is not assured approval of any facility until the Business Office approves the Application. Be advised that the Board of Education reserves the right to cancel any application or permit due to conflict or misrepresentation.

ESTIMATED COSTS

All fees in conjunction with the use of school facilities are payable directly to the Board of Education 14 days in advance of the date of use. No permit will be issued until the financial obligations have been met.

Building Use Fee: _____ days @ \$_____ per day \$ _____
 Fields Use Fee: _____ days @ \$_____ per day \$ _____

* _____ months @ \$_____ per month = \$ _____

*(May not register for more than 6 months at a time, maximum. Applicant must submit a new application for approval for additional monthly/seasonal usage.)

Custodial Fee: _____ hours @ \$_____ per hour \$ _____

Food Service Fee: _____ hours @ \$_____ per hour \$ _____

Security deposit (if applicable): \$ _____

Total \$ _____

Signature of Applicant _____ Date _____

Name of Organization _____

Building Supervisor _____ Date _____
 (Signature)

Supervisor of Buildings & Grounds _____ Date _____
 (Signature)

The Board shall approve annually a schedule of fees for the use of school facilities. Fee schedules will be attached to the application.

I. FACILITIES USE FEE SCHEDULE

USER CATEGORY	For Profit	Non-Profit	Non-Profit	School Community
		Outside of Freehold Borough	in Freehold Borough (1)	
GYM OR MULTI-PURPOSE ROOMS (Single Use)				
With bleachers	\$250.00	\$125.00	\$50.00	N/C
Without bleachers	\$150.00	\$75.00	\$25.00	N/C
CLASSROOMS (Single Use)				
	\$20.00	\$10.00	\$5.00	N/C
LIBRARY (Single Use)				
	\$20.00	\$10.00	\$5.00	N/C
FIELDS				
Single Use	\$200.00	\$100.00	\$100.00	N/C
Season – Monthly (Max 6 Months)	\$250.00 Per Month	\$150.00 Per Month	\$150.00 Per Month	N/C

(1) – Includes Borough Police Department, Fire Department and First Aid organizations.

II. FEES FOR DISTRICT PERSONNEL:

As required, district personnel will be on duty during every scheduled event in addition to one hour before and one hour after.

Custodian

No one may occupy any space within a district building unless a district custodian is present. If the scheduled event occurs during regular operating hours for the building, then no fee will be charged for custodians. However, if the scheduled event occurs outside regular operating hours for the building, then any group (even non-profit and school community groups) will be charged a fee of \$35 per hour per custodian.

Food Service

No one may use district kitchen facilities unless a district food service staff member is present. Any group (even non-profit and school community groups) will be charged a fee of \$35 per hour per food service staff member.

Please return the completed form to: Michele Bresnahan, Freehold Borough Public Schools
280 Park Avenue Freehold, NJ 07728 or via email: micheleb@freeholdboro.k12.nj.us

Important Note:

When an Application/Permit for use of Public School Facilities is being requested for a Sports Related Activity, the following form from Regulation 2431.4. Prevention and Treatment of Sports Related Concussions and Head Injuries shall be included with the application form

Sports-Related Concussion and Head Injury Fact Sheet and Parent/Guardian Acknowledgement Form

A concussion is a brain injury that can be caused by a blow to the head or body that disrupts normal functioning of the brain. Concussions are a type of Traumatic Brain Injury (TBI), which can range from mild to severe and can disrupt the way the brain normally functions. Concussions can cause significant and sustained neuropsychological impairment affecting problem solving, planning, memory, attention, concentration, and behavior.

The Centers for Disease Control and Prevention estimates that 300,000 concussions are sustained during sports related activities nationwide, and more than 62,000 concussions are sustained each year in high school contact sports. Second-impact syndrome occurs when a person sustains a second concussion while still experiencing symptoms of a previous concussion. It can lead to severe impairment and even death of the victim.

Legislation (P.L. 2010, Chapter 94) signed on December 7, 2010, mandated measures to be taken in order to ensure the safety of K-12 student-athletes involved in interscholastic sports in New Jersey. It is imperative that athletes, coaches, and parent/guardians are educated about the nature and treatment of sports related concussions and other head injuries. The legislation states that:

- All Coaches, Athletic Trainers, School Nurses, and School/Team Physicians shall complete an Interscholastic Head Injury Safety Training Program by the 2011-2012 school year.
- All school districts, charter, and non-public schools that participate in interscholastic sports will distribute annually this educational fact to all student athletes and obtain a signed acknowledgement from each parent/guardian and student-athlete.
- Each school district, charter, and non-public school shall develop a written policy describing the prevention and treatment of sports-related concussion and other head injuries sustained by interscholastic student-athletes.
- Any student-athlete who participates in an interscholastic sports program and is suspected of sustaining a concussion will be immediately removed from competition or practice. The student-athlete will not be allowed to return to competition or practice until he/she has written clearance from a physician trained in concussion treatment and has completed his/her district's graduated return-to-play protocol.

Quick Facts

- Most concussions do not involve loss of consciousness
- You can sustain a concussion even if you do not hit your head
- A blow elsewhere on the body can transmit an "impulsive" force to the brain and cause a concussion

Signs of Concussions (Observed by Coach, Athletic Trainer, Parent/Guardian)

- Appears dazed or stunned
- Forgets plays or demonstrates short term memory difficulties (e.g. unsure of game, opponent)
- Exhibits difficulties with balance, coordination, concentration, and attention
- Answers questions slowly or inaccurately
- Demonstrates behavior or personality changes
- Is unable to recall events prior to or after the hit or fall

Symptoms of Concussion (Reported by Student-Athlete)

- Headache
- Nausea/vomiting
- Balance problems or dizziness
- Double vision or changes in vision
- Sensitivity to light/sound
- Feeling of sluggishness or foginess
- Difficulty with concentration, short term memory, and/or confusion

What Should a Student-Athlete do if they think they have a concussion?

- **Don't hide it.** Tell your Athletic Trainer, Coach, School Nurse, or Parent/Guardian.
- **Report it. Don't** return to competition or practice with symptoms of a concussion or head injury. The sooner you report it, the sooner you may return-to-play.
- **Take time to recover.** If you have a concussion your brain needs time to heal. While your brain is healing you are much more likely to sustain a second concussion. Repeat concussions can cause permanent brain injury.

What can happen if a student-athlete continues to play with a concussion or returns to play too soon?

- Continuing to play with the signs and symptoms of a concussion leaves the student-athlete vulnerable to second impact syndrome.
- Second impact syndrome is when a student-athlete sustains a second concussion while still having symptoms from a previous concussion or head injury.
- Second impact syndrome can lead to severe impairment and even death in extreme cases.

Should there be any temporary academic accommodations made for Student-Athletes who have suffered a concussion?

- To recover cognitive rest is just as important as physical rest. Reading, texting, testing- even watching movies can slow down a student-athletes recovery.
- Stay home from school with minimal mental and social stimulation until all symptoms have resolved.
- Students may need to take rest breaks, spend fewer hours at school, be given extra time to complete assignments, as well as being offered other instructional strategies and classroom accommodations.

Student-Athletes who have sustained a concussion should complete a graduated return-to-play before they may resume competition or practice, according to the following protocol:

- **Step 1:** Completion of a full day of normal cognitive activities (school day, studying for tests, watching practice, interacting with peers) without reemergence of any signs or symptoms. If no return of symptoms, next day advance.
- **Step 2:** Light Aerobic exercise, which includes walking, swimming, and stationary cycling, keeping the intensity below 70% maximum heart rate. No resistance training. The objective of this step is increased heart rate.
- **Step 3:** Sport-specific exercise including skating, and/or running: no head impact activities. The objective of this step is to add movement.
- **Step 4:** Non contact training drills (e.g. passing drills). Student-athlete may initiate resistance training.
- **Step 5:** Following medical clearance (consultation between school health care personnel and student-athlete's physician), participation in normal training activities. The objective of this step is to restore confidence and assess functional skills by coaching and medical staff.
- **Step 6:** Return to play involving normal exertion or game activity.

For further information on Sports-Related Concussions and other Head Injuries, please visit:

www.cdc.gov/concussion/sports/index.html

www.nfhs.com

www.ncaa.org/health-safety

www.bianj.org

www.atSNJ.org

Signature of Student-Athlete

Print Student-Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian Name

Date