

CENTENNIAL SCHOOL DISTRICT

707-AR-2. APPLICATION FOR TEMPORARY USE OF SCHOOL FACILITIES

Name of Requesting Organization: _____

Date Submitted: _____

Facility Requested:

- | | |
|--|--|
| <input type="checkbox"/> William Tennent High School | <input type="checkbox"/> Klinger Middle School |
| <input type="checkbox"/> Log College Middle School | <input type="checkbox"/> Davis Elementary School |
| <input type="checkbox"/> McDonald Elementary School | <input type="checkbox"/> Willow Dale Elementary School |
| <input type="checkbox"/> Administration Building | |

Purpose: _____

Application Type: Class 1 Class 2 Class 3 Class 4

(Please refer to Policy 707. Use of District Facilities)

Date(s) Requested: from: _____ to: _____

Arrival Time (Include Set Up Time): _____ Departure Time: _____

Days Requested: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Room Requested:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Library | <input type="checkbox"/> Classroom | <input type="checkbox"/> Auditorium |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Art Room (Class 1 Only) | <input type="checkbox"/> Athletic Fields | <input type="checkbox"/> Board Room |
| <input type="checkbox"/> *Pool | <input type="checkbox"/> Stadium | <input type="checkbox"/> Dressing Rooms | <input type="checkbox"/> Locker Rooms |
| <input type="checkbox"/> Restrooms | <input type="checkbox"/> Other _____ | | |

Equipment Requested:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Microphone | <input type="checkbox"/> Stage Lighting | <input type="checkbox"/> Sound Board | <input type="checkbox"/> Laptop Cart (Class 1 Only) |
| <input type="checkbox"/> Tables _____ | <input type="checkbox"/> Podium | <input type="checkbox"/> Concession Stand | <input type="checkbox"/> Scoreboard |
| <input type="checkbox"/> Chairs _____ | <input type="checkbox"/> Music Stands _____ | <input type="checkbox"/> Projector | <input type="checkbox"/> Instruments _____ |
| <input type="checkbox"/> Bleachers | <input type="checkbox"/> Sports Equipment _____ | | |
| <input type="checkbox"/> Other _____ | | | |

Number of Participants: _____ Adults: _____ Students: _____

Donation or Admission Fee: Yes No Fee: \$ _____

Please refer to the fee schedule for the appropriate fee.

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The User agrees that the _____ (Organization) will indemnify, save and hold harmless Centennial School District from any and all claims for personal injury or property damage suffered, incurred, or in any way connected to or arising from the applicant's use of the facilities listed above, whether such claims are due to or alleged to be due to the negligence of Centennial School District, the applicant, or any other person or entity or due to any other cause. I understand that the estimated RENTAL FEE OF \$ _____ will be paid in full with this application and that additional costs associated with the use of the facility will be billed following the use and that I am to pay those costs within ten (10) days of the invoice date. The User agrees to comply with these terms and the terms as stated in Policy 707. USE OF SCHOOL FACILITIES (note: smoking, vaping, alcohol and controlled substances are prohibited on all school district properties).

***Pool Rental:** The Centennial School District's insurance company requires certified Lifeguards to be on duty at the waterside at all times when a recreational swimming establishment is used by patrons and shall not be assigned other tasks that direct their attention from the safety of patrons who are in the water. The Principal may require that a Centennial staff member(s) holding proper certification be on duty for the activity, at the expense of the User.

PA School Code § 3270.115. Water Activity requires the following staff:child ratios apply while children are swimming:

<u>Similar Age Level</u>	<u>Staff Children</u>	
Infant	1	1
Young or older toddler	1	2
Preschool	1	5
Young school-age	1	6
Older school-age	1	8

Supervision shall include two (2) people certified in lifeguard training for up to fifty (50) swimmers and one (1) additional lifeguard for each twenty five (25) swimmers thereafter.

Authorized Representative – Please Print

E-mail Address

Street Address

City State Zip

Telephone #

On-site Representative

Signature of Representative or Electronic Signature:

I comply with the above statement.

Accepted Rejected

Building Principal Approval: _____ Date: _____

Director of Operations Approval: _____ Date: _____

Fees: Rental _____

Personnel: _____

Board Approval Date (if needed): _____

Liability Release Form: Required

Certificate of Insurance: Required