**BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT**

**580 ERIAL ROAD BLACKWOOD, NJ 08012**

**APPLICATION FOR USE OF FACILITIES**

1. **Name of Organization: Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address City State Zip Code**

**Home Phone Business/Cell Phone Email Address**

2. **School Requested Triton Highland Timber Creek**

 **Circle One:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **AUDITORIUM** | $ | **ATHLETIC FIELD** | **$** | **CAFETERIA** | **$** | **GYMNASIUM** | **$** |
| Auditorium |  | Athletic Field |  | Cafeteria |  | Auxiliary Gymnasium |  |
| P.A. System |  | P.A. System |  | P.A. System |  | Main Gymnasium |  |
| Dressing Rooms |  | Boys Locker Room |  | Kitchen |  | P.A. System |  |
| Stage Lights |  | Girls Locker Room |  | Lectern |  | Boys Locker Room |  |
| Curtain Open |  | Concession Stand |  | Rest Rooms |  | Girls Locker Room |  |
| Lectern |  | Scoreboard |  |  |  | Rest Rooms |  |
| Stage Seating |  | Ticket Booth |  |  |  |  **OTHER** |  |
| Rest Rooms |  | Outside Rest Rooms |  |  |  |  Classrooms |  |

3. **Dates and hours requested:**

Preferred Date(s) Time

**From To**

Alternate Date(s) Time

**From To**

Rehearsal Date(s) Time

**From To**

 **NOTES**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **What is the nature of the activity you will be conducting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5**. Amount to be charged for admission to spectators/participants? $ \_\_\_\_\_\_ How many people do you anticipate? \_\_\_\_\_\_**

6. **Purpose for which admission funds will be used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

7. **Describe your supervisory plans in terms of the number of people and how you plan to use them. Please mention police protection if you plan to utilize them. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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8. **Indicate the composition of the participating group by placing a check mark to the left of the most appropriate description.**

* Less than 50 percent are residents of Runnemede, Bellmawr, and/or Gloucester Township.
* Between 50 and 80 percent are residents of Runnemede, Bellmawr, and/or Gloucester Township.
* More than 80 percent are residents of Runnemede, Bellmawr, and/or Gloucester Township.
* 100 percent are residents of Runnemede, Bellmawr, and/or Gloucester Township.

 9**. Do you carry liability insurance to cover damage to our facilities and injury to participants or spectators?**

YES NO

 **Please include a copy of your insurance certificate with this application. Be advised that:**

**APPLICATIONS WILL NOT BE APPROVED WITHOUT A CERTIFICATE OF INSURANCE IDENTIFYING THE BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT AS ADDITIONALLY INSURED AND EVIDENCE IS PROVIDED PROVING ALL PARTICIPANTS IN THE EVENT ARE COVERED BY THEIR INSURANCE POLICY.**

**Name of insurance carrier and policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I certify that our organization does not discriminate because of race, sex, origin, color, creed, religion, handicap, ancestry, or social/economic status. I have read the governing Board of Education Policy and accompanying rules and regulations for the use of facilities, and I promise to communicate them to our membership and to follow the rules to the best of our ability. We further agree to hold the Board of Education and the School District harmless from any loss or damage, liability, or expense, which may arise or be caused in any way by use and occupancy of District facilities by our organization, participants, and/or spectators thereto. IF THERE IS A COST TO USE THE FACILITY, THE CHECK WILL BE MADE OUT TO: BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT AND MAILED TO: NANCY ANDERSON, HIGHLAND REGIONAL HIGH SCHOOL, 480 ERIAL ROAD, BLACKWOOD, NJ 08012**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 SIGNATURE OFFICIAL TITLE DATE

**Hold Harmless Agreement**

In consideration of our use of the school facilities of the Black Horse Pike Regional School District,

 I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby agree that the District shall not be liable for any damages arising from

 **(Organization Official)**

personal injury or property damage sustained in, on or about the District premises resulting from or arising out of the use or intended use of the District facilities or equipment. I agree on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Organization Name)**

To assume full responsibility for any injuries which may occur in or about the District’s premises, or while using or intending to use the District Facility’s equipment, including, but without limitation, any claims for per4sonal injury or property damage resulting from or arising out of the negligence of the District, its agents or employees, or the negligence of any other persons present on the District’s premises.

**Organization Official’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**District Representative’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ACKNOWLEDGEMENT**

The Black Horse Pike Regional School District’s Use of Facilities Policy and Regulations are available for review on the district website, bhprsd.org. If you do not have access to a computer, please contact Nancy Anderson, 856-227-4100, ext. 4089 to obtain a copy of the Policy and Regulations.

Please sign below to acknowledge that you have read and understand the Black Horse Pike Regional School District’s Use of Facilities Policy and Regulations.

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Please sign below to acknowledge that you have read and understand the Black Horse Pike Regional School District’s Prevention and Treatment of Sports-Related Concussions and Head Injuries and that you are submitting a Concussion Certificate.

Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR PERMIT**

If the event takes place indoors, you must obtain a ***Fire Safety Permit*** from the Fire Marshall of the Township in which the Facility is located. Failure to submit this permit may result in financial penalties being imposed by the Fire District. Upon approval, a copy of the ***Fire Safety Permit*** must be received in the Business Office one week prior to the event. Failure to submit the ***Fire Safety Permit*** in the Business Office may result in approval being rescinded.

**PAYMENT**

**IF THERE IS A COST TO USE THE FACILITY, THE CHECK SHOULD BE MADE OUT TO: BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT AND MAILED TO: NANCY ANDERSON, HIGHLAND REGIONAL HIGH SCHOOL, 480 ERIAL ROAD, BLACKWOOD, NJ 08012 TWO WEEKS PRIOR TO THE EVENT.**

**CONCUSSION CERTIFICATE**

The legislature has adopted NJSA18A:41.4 and .5 requiring organizations using BOE facilities to comply with the BOE’s sports concussion program. The CDC assist members on how to comply with this requirement. The link will print a certificate when a coach, referee or other sports official successfully completes the online course. A copy of this certificate must be submitted to the Vice Principal in charge of the Use of Facility one week prior to the event. The link for the concussion certification is:  <https://nfhslearn.com/courses/concussion-in-sports-2>. You will have to make an account to sign up for the course and certificate.

**COVID19**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is responsible for all state, federal, and CDC COVID-19 guidelines as it pertains to your organization’s usage of the Black Horse Pike Regional School District facilities. These guidelines include but are not limited to social distancing, wearing of masks, and spectator attendance limitations. Should any of these guidelines not be adhered to, the usage of the Black Horse Pike Regional School District facilities will be immediately revoked.

**AFTER FORM IS COMPLETED, PLEASE EMAIL, FAX OR MAIL TO: NANCY ANDERSON, HIGHLAND REGIONAL HIGH SCHOOL, 480 ERIAL ROAD, BLACKWOOD, NJ 08012, FAX: 856-227-8008 – EMAIL:** **nanderson@bhprsd.org****. THANK YOU.**

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**BLACK HORSE PIKE REGIONAL SCHOOL DISTRICT**

**580 ERIAL ROAD BLACKWOOD, NJ 08012**

**APPLICATION FOR USE OF FACILITIES**

**OFFICE USE ONLY**

**COST TO YOUR ORGANIZATION**

Cost of Rental Facility \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Administrator Coverage at $75/hour – Class 3 # of hours = Waived

Custodian Coverage at $30/hour # of hours = Waived

AVA Technician Coverage at $40/hour # of hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_ = Waived

Stagehand at $45/hour # of hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_ = Waived

Cafeteria Coverage at $20/hour # of hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = Waived

**TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AVAILABLE: DATE:**

 Vice Principal Signature

**NOT AVAILABLE: DATE:**

 Vice Principal Signature

**RATIONALE: Out of District Facilities already in use Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**CHECK RECEIVED: \_\_\_\_\_\_\_\_\_\_ CHECK DEPOSITED: \_\_\_\_\_\_\_\_\_\_**

 **TO PAYROLL: \_\_\_\_\_\_\_\_\_\_\_\_ CONFIRM WORKERS: \_\_\_\_\_\_\_\_\_\_**

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