NEWARK CENTRAL SCHOOL
APPLICATION FOR THE USE OF BUILDING, GROUNDS OR POOL

We welcome the use of our facilities by Newark community groups. Remember, our most important function is the education of our students. Every effort will be made to meet your needs. If you have questions regarding this form or your request, please call the appropriate School Office (332-3200 and appropriate prompt) or the Athletic Department at 332-3241.

Please complete and sign both sides of this form and return to the school or Athletic Office at least TWO weeks before your initial use. Please note there is no building use without an approved building use form.

Building Requested: _______________________________________________________________________
Name of Organization: _______________________________________________________________________
Room(s): ________________________________________________________________________________
Athletic Area: ____________________________________________________________________________
Date(s) Requested: _________________________________________________________________________
Purpose: ___________________________________________________________________________________
Period of Time (specified hours needed): ___________________________________________________________________________________
Adult(s) Responsible for supervision: ___________________________________________________________________________________
Phone Number: ___________________________ Email: ____________________________________________
Person(s) assisting: _________________________________________________________________________
Set up Time: _____________________________ Clean up Time: _________________________________
Items Needed: __________________________________________________________
Equipment: _____________________________________________________________________________
Personnel Requested: _____________________________________________________________________
Audio Visual Equipment: ____________________________________________________________________
Have you used this equipment in the past? Circle Yes or No
If not, you will need to arrange training during the school day through the Building Main Office no later than twenty-four hours before use.
If you are a District Employee please submit your Audio Visual requests through the HELP Desk icon on your computer and check off yes on the bottom. Out of District requests will be submitted by the Building Secretary or Athletic Department.

Food Service: _____________________________________________________________________________
Miscellaneous: __________________________________________________________________________
Set Up Needed: __________________________________________________________________________

PLEASE USE OUR FACILITIES WITH RESPECT AND CONSIDERATION

1. No alcohol, drugs or tobacco products are allowed on school property.
2. Please use only designated parking areas.
3. Use only the specific equipment / facility items listed on your request.
4. All groups are responsible for clean up after the use of our facilities.
5. You are responsible for proper supervision of all of your group members. Everyone must exhibit proper behavior and should only be in the specific areas of the building that you requested. If children are not participating in the activity, they should not enter the building. For example: children should not be watching an adult recreational activity from the sidelines. This has been a liability for the district and will impact your ability to continue with your building use plans.
6. Outside doors must remain closed and locked. Doors cannot be propped open. Have a group member wait at the door if someone is arriving late. You are not allowed to enter any storeroom or use any equipment not listed on this request.
7. You may be billed for custodial services for non-school use of facilities at an appropriate rate of $18.75 per hour.
8. Do not use tape or paint on floors or walls of school facilities.

SPECIAL POOL USE RULES
1. On Deck Supervision must be by certified lifeguards, approved by the Athletic Office.
2. Knowledge and adherence to all Newark Central School pool rules.
3. One (1) lifeguard per 30 participants or two (2) lifeguards for 60 participants in the pool are required.
4. Payment to lifeguards is the responsibility of the group using the pool. The Athletic Office can help in finding certified lifeguards.

Number of participants: ____________________________________

Certified Lifeguard: __________________________________________
Address: __________________________________ Phone Number: ______

Certified Lifeguard: __________________________________________
Address: __________________________________ Phone Number: ______

SPECIAL AUDITORIUM USE RULES
1. Do not touch stage lights, curtains, screens or other fixtures without the consent of the auditorium supervisor.
2. Do not paint drops or scenery or drive nails into the stage floor without the consent of the auditorium supervisor.
3. Do not touch the electrical systems (audio or visual) in the auditorium.
4. Be prepared to hire a member(s) of the stage crew to be present at all performances and rehearsals if deemed necessary by auditorium supervisor.

By signing below, you hereby indemnify and hold harmless the Newark Central School District from any and all claims, actions and judgments, including all costs of defense and attorney’s fees incurred in defending against same, arising from and related to your use of the Newark Central School District facilities.

Name of Person to receive the invoice for building use (if applicable): ________________________________
Billing Address: ____________________________________________________________________________
Phone Number: ____________________________________________________________________________

Signature of Responsible Adult Phone Number Date Submitted
_________________________________________ ___________________________ _______________

Signature of Building Principal Date Approved
_________________________________________ ___________________________ _______________

Signature of Athletic Director (if needed) Date Approved
_________________________________________ ___________________________ _______________

Signature of Auditorium Supervisor (if needed) Date Approved
_________________________________________ ___________________________ _______________

HELP DESK REQUEST SUBMITTED: Yes

PLEASE LEAVE OUR FACILITIES AS YOU FOUND THEM

cc: Carol Bliss - District Office
cc:__________________________________ ___________________________ ___________________________