

RECEIVED
NOV 12 2020
ASS'T SPT. FOR
SUPPORT SERVICES

ng month.

NOV 12 2020

ASS'T SUPT. FOR
SUPPORT SERVICES

X

X Yes No

X

Date(s) March 18, 2021 - November 16, 2021 Time(s) 6AM-8PM Weekends, 4PM-Dusk Weekdays

 No

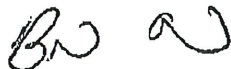
\$1,000,000/\$2,000,000

F. Functions shall be non-exclusive and open to the general public.

- G. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.
- H. No smoking is allowed on school property.
- I. No one is allowed in areas other than those authorized.
- J. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.
- K. No school supplies, materials or equipment may be used without specific prior approval of the building principal.
- L. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- M. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- N. When use of gyms is authorized for recreational purposes, sneakers must be worn.
- O. Vehicles are permitted in authorized parking areas only.
- P. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).
- Q. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- R. The approval for use of school facilities is revocable at any time without notice.
- S. All school related functions will have priority for use of the building.
- T. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.
- U. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.
- V. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- W. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.
- X. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.



Signature of Representative of Requesting Organization

11/11/2020

Date

FOR BUILDING USE ONLY

_____ Director of Operational Services Contacted

_____ Building Custodian Contacted

_____ Director of School Lunch Program Contacted

_____ Athletic Director Contacted

_____ Sent to District Office for Board Approval

_____ Other (Please Specify) _____

Approved: _____ Date _____
(Building Principal's Signature)

Disapproved: _____ Date _____
(Building Principal's Signature)

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date 3/10/2021
(Assistant Superintendent for Support Services)

Disapproved: _____ Date _____
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____ Assistant Superintendent for Educational Services

_____ Building Principal, Director of School Lunch Program, Director of
Operational Services, Building Custodian, Athletic Director



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/28/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867	CONTACT NAME: David Irwin PHONE (A/C No, Ext): (570) 473-2150 FAX (A/C, No): (570) 473-2151 E-MAIL ADDRESS: Dirwin@Keystoneinsgrp.com
INSURED Little League Baseball Risk Purchasing Group, Incorporated WALLKILL AREA LL 7 Bauer Lane Newburgh NY 12550	INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: AIG Specialty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per League	X		011405742	01/22/2021	01/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER**CANCELLATION**

WALLKILL CENTRAL SCHOOL DISTRICT 19 Main St Wallkill NY 12589-0310	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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******WALL reserves the right to modify or revoke this plan as well as change the season at anytime to preserve the health and safety of our players, families, and volunteers******

Reopening Plan

Shawangunk, New York

-SPRING 2021-

**Questions on this plan should be directed to Dean Pastena,
League President (845) 421-5232
Email: info@wallkillarealittleleague.org**

Wallkill Area Little League
PO Box 386
Wallkill, New York 12589

The COVID-19 pandemic presents Little League organizations with a myriad of challenges. This document offers Wallkill Area Little League's plan to return our players to the game safely. We will only be successful if every member of the community is committed to adhering to the guidelines set forth in this plan. All the Wallkill Area Little League family which includes volunteers, parents, and spectators should read and become familiar with this document prior to visiting our facility located at 1 Viola Avenue, Wallkill, NY. All visitors are responsible for monitoring adherence to this plan. If a violation is discovered, please let a coach or board member know immediately.

Safe Physical Distance

- Maintain 6 feet of distance before and after physical activity.
- Dugouts and bleachers will be used during games and practices for players and volunteers only to maximize the distance available for the players.
- Spectators must bring their own chairs or stand to appropriately space out around the field to watch and are not permitted to use the bleachers or dugout for seating. Fans who share a household may be less than 6 feet.
- 6 feet markers will be made to wait in line for the concession stand and bathrooms.
- Face masks must be worn when unable to maintain 6 feet of distance. Players will not be required to wear face masks when playing on the field.
- No touch rule- players should refrain from high fives, handshake lines, and other physical contact with others. A "tip the cap" can be used in lieu of handshakes after the game.
- Individuals will not congregate in common areas or in parking lot following a game or practice.

Hygiene Standards/ Disinfecting and Equipment

- Wash hands frequently for at least 20 seconds.
- When unable to wash hands, please use hand sanitizer. Each team will be provided hand sanitizer for the players and volunteers.
- Players must have their own gloves, batting gloves, and helmets.
- Sharing bats and catcher's gear will be permitted after disinfecting between player use.
- Each team will be provided disinfectant wipes and spray for use on equipment.
- Players will need to bring their own water bottles clearly labeled with their names
- Sharing snacks is not permitted.
- Bleachers, dugouts, other seating areas, and bathrooms will be disinfected each evening.
- There will be no gum, sunflower seeds or chewing tobacco allowed on the premises until further notice.

Volunteers

- Umpires calling balls and strikes will do so from standing behind the pitcher at least 6 feet away. There will be **ZERO TOLERANCE** for arguing with an Umpire's call.
- Must avoid exchanging documents or equipment with players, coaches or spectators.
- Must ensure that players are always following all guidelines in this document.
- Coaches are to attend to any injured players through the use of appropriate personal protective equipment to administer first aid as necessary.
- Coaches may approach the umpire keeping a minimum of 6 feet of distance.

Modifications to Play

- Rain Delays- in the event of a rain delay, all individuals must retreat to their vehicles until the start of the game.
- Heat Index- If a Heat Advisory is issued or if the temperature is expected to exceed 87 degrees, all activity will be cancelled or postponed for the day.
- Field Preparation- volunteers will disinfect the equipment after use.
- Games will have a half hour gap between them. This will allow for cleaning of facilities prior to the next game. Also to limit the number of people at the facility at once.
- We are asking for only 2 spectators for each player to limit exposure.

Health and Communication

- Team Snap will be used by all teams. You must check into the games and practices and complete the health screening.
- If you do not fill out the screening you will not be allowed to play
- Screen can be done 8 hours leading up to the event.
- All team communications will be done on Team Snap.
- League Push Notifications will be done so via Team Snap and Facebook, and conventional email.
- Masks must be worn while in the dugout, and by spectators per CDC and Little League guidelines. Umpires / coaches and league officials will always wear masks.

We are all volunteers that want the best for our children. We want them to have fun, play the game, and learn along the way. Please be respectful and patient as we try our best to have a successful season!

PLAYBALL!!!

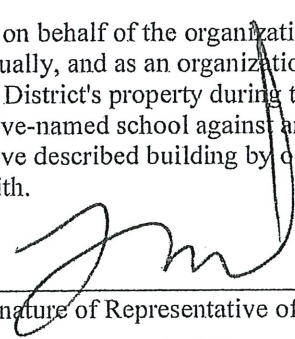
-WALL-

ASS'T SUPT. FOR
SUPPORT SERVICES

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- O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).
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- R. All school related functions will have priority for use of the building.
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All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.



Signature of Representative of Requesting Organization

KELLY R WOOD

2/8/2021

Date

FOR BUILDING USE ONLY

_____ Director of Operational Services Contacted

_____ Building Custodian Contacted

_____ Director of School Lunch Program Contacted

_____ Athletic Director Contacted

_____ Sent to District Office for Board Approval

_____ Other (Please Specify) _____

Approved: _____



(Building Principal's Signature)

Date _____

3/8/21

Disapproved: _____

Date _____

(Building Principal's Signature)

FOR DISTRICT OFFICE USE ONLY

Approved: _____



(Assistant Superintendent for Support Services)

Date _____

3/10/2021

Disapproved: _____

Date _____

(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

_____ Assistant Superintendent for Educational Services

_____ Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/8/2020

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PRODUCER CT AGENCY, INC. 70 GENESEE ST UTICA, NY 13502-3503 (800) 422-6200	CONTACT NAME: PHONE (A/C, No, Ext): (800) 422-6200 FAX (A/C, No): E-MAIL ADDRESS:
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Wallkill Area Youth Soccer Inc. P.O. Box 268 Wallkill, NY 12589	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: United States Fire Insurance 21113
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** USP320046 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		SRPGAPML-101-0720	07/01/2020 12:01 AM	07/01/2021 12:01 AM	GENERAL AGGREGATE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PRODUCTS - COMP/OP AGG
							\$2,000,000.00
							PERSONAL & ADV INJURY
							\$1,000,000.00
							EACH OCCURRENCE
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						FIRE DAMAGE (Any one fire)
							\$300,000.00
							MED EXP (Any one person)
							\$0.00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> HIRED AUTO						\$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS						\$
							PROPERTY DAMAGE (Per accident)
							\$
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR						\$
	EXCESS LIAB						AGGREGATE
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						
							EACH OCCURRENCE
							\$0.00
							GENERAL AGGREGATE
							\$0.00
							EACH OCCURENCE
							\$
							GENERAL AGGREGATE
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Youth Soccer League

The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.

CERTIFICATE HOLDER

Wallkill Central School
19 Main St
Wallkill, NY 12589

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CT Agency, Inc.

WALLKILL AREA YOUTH SOCCER RETURN-TO-PLAY



- * Confirm attendance in WAYS Sportssignup app PRIOR to all events
- * Notify Head Coach if player has any symptoms
- * **DO NOT ATTEND TRAINING** if player is exhibiting symptoms of ANY illness or has been in contact with anyone with confirmed/suspected COVID-19 infection
- * Water Bottles must be CLEARLY marked with players name
- * Players/Coaches/Team Managers must check in at fields
- * No more than two spectators per player as outlined in NY Sports Guidelines
- * Practice Social Distancing (6ft) at all times
- * Arrive at scheduled time and leave immediately upon completion of training
- * Game times will start one half hour after the previous game to allow families to leave the facility
- * Arrive and leave training fields in full soccer gear and wearing a mask
- * Wash Hands thoroughly with soap and water or use hand sanitizer.
- * Do not touch equipment including soccer balls with your hands
- * Parents must stay in cars or parking area during training and practice Social Distancing/Wearing masks
- * No physical contact including but not limited to: Handshakes, Fist bumps, group cheers, training recaps
- * All training gear, uniforms and equipment must be sanitized after every use