WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3rd Thursday of the following months: T SUPT. FOR SUPPORT SERVICES

I.	1	Name of Organization YUNKY Panda Wiestling Club
	Ι	Pate of Request April 4, 2022
	P	erson Making Request
	Α	re you a Wallkill Central School District Resident? YesNo
	S	taff Member in Charge (If Applicable, See Attached Form) Anthony Ng
	D	aytime Telephone Number 914-799-5888
	A	ddress
,	В	nilding/Facilities Requested High School Gym
	De	escription of Activity See attached
	Aı	e the Majority of the Participants Wallkill Central School District Residents? Yes No
	W	ill Admission, Fees be Charged or Donations Accepted? YesNoNoNo
	If	Yes, Specify Community Benefit Wall Kill Varsity Wrestling
	Da	te(s) $\frac{5}{3}$, $\frac{5}{5}$, $\frac{5}{10}$
II.	IN	SURANCE INFORMATION 7:30 - 9:00
	Do	you (the requesting organization) have an in-force public liability policy?
		Yes (If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured) No
	If y	es, what are the limits of liability?
III.	RU	LES FOR USE OF SCHOOL FACILITIES
	A.	Board of Education approval is necessary for all athletic related and profit making activities.
	B.	A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.
		In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.
	C.	Any day school must be closed, activities that evening are cancelled. It is the responsibility of the sponsor group to notify the public.
	D.	Police protection must be arranged for any event when it is deemed necessary by the school administration.
	E.	Functions shall be non-exclusive and open to the general public.
	F.	The facilities must be vacated by the time indicated on the approved request form

but no later than 10:30 P.M.

- G. No smoking is allowed on school property.
- H. No one is allowed in areas other than those authorized.
- I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.
- J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.
- K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- M. When use of gyms is authorized for recreational purposes, sneakers must be worn.
- N. Vehicles are permitted in authorized parking areas only.
- 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 Item II).
- P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- Q. The approval for use of school facilities is revocable at any time without notice.
- R. All school related functions will have priority for use of the building.
- S. 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.
- T. 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.
- U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- V. 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.
- W. 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

Date

	Director of Operational Services Contacted		
fee	Building Custodian Contacted		
	Director of School Lunch Program Contacted		
(W)	Athletic Director Contacted		
	Sent to District Office for Board Approval		
	Other (Please Specify)		
Approved:	B. J. M.	_Date	4/6/202
	(Byilding Principal's Signature)		•
Disapproved:		_Date	
	(Building Principal's Signature)		
* * * * * * * *	*********	****	*
	FOR DISTRICT OFFICE USE ONI	LY	
Approved:	E De	_Date	4/0/2022
(Assistant Superintendent for Support Services)		/ /
Disapproved:	Assistant Superintendent for Support Services)	_Date	
(.	Assistant Supermendent for Support Services)		
Approval/Disapp	proval Forwarded To:		
	_Assistant Superintendent for Educational Services		
	Building Principal, Director of School Lunch Program, Direct	or of	
	Operational Services, Building Custodian, Athletic Director		

WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

ASS'T SUPT. FOR Request must be submitted 30 days prior to the 3rd Thursday of the following month ORT SERVICES Les april 0 a Decrease of

I.		Name of Organization Wallkill Bays Basketball
		Date of Request 4/7/22
		Person Making Request Hunter Andrews
	,	Are you a Wallkill Central School District Resident?YesNo
•		Staff Member in Charge (If Applicable, See Attached Form) Hunter Andrews
	1	Daytime Telephone Number 845-913-3106
٠	· A	Address 30 Brook Edge Lane, Walkill, NY 12589
•	E	Building/Facilities Requested Wallkill SHS Gymnosium
	D	Description of Activity Basketball Skills Clinic
		re the Majority of the Participants Wallkill Central School District Residents? YesNo
	W	Vill Admission, Fees be Charged or Donations Accepted?YesNo
	If	Yes, Specify Community Benefit
	Da	ate(s) Wed., May 18 + Wed., May 25 Time(s) 6:00 PM - 9:00 PM
П.	IN	SURANCE INFORMATION
	Do	you (the requesting organization) have an in-force public liability policy?
	_X	Yes (If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured) No Coch in district
	Ify	ves, what are the limits of liability?
III.	RU	LES FOR USE OF SCHOOL FACILITIES
	A.	Board of Education approval is necessary for all athletic related and profit making activities.
	В.	A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.
		In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.
	C.	Any day school must be closed, activities that evening are cancelled. It is the responsibility of the sponsor group to notify the public.
	D.	Police protection must be arranged for any event when it is deemed necessary by the school administration.
	E. ·	Functions shall be non-exclusive and open to the general public.
	F. ,	The facilities must be vacated by the time indicated on the approved request form

but no later than 10:30 P.M.

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- K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- M. When use of gym's is authorized for recreational purposes, sneakers must be worn.
- N. Vehicles are permitted in authorized parking areas only.
- 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 Item II).
- P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- Q. The approval for use of school facilities is revocable at any time without notice.
- R. All school related functions will have priority for use of the building.
- S. 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.
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- U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- V. 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.
- W. 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

4/7/22

Date

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 Date Date
Disapproved: Date
(Building Principal's Signature)
* ** * * * * * * * * * * * * * * * * * *
FOR DISTRICT OFFICE USE ONLY
Approved: Date 4/7/2023
(Assistant Superintendent for Support Services)
Disapproved: Date 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

Panthers Basketball Skills Clinic

Who: Boys in Grades 3-6

What:

Student-Athletes will be working on basketball skills to help them succeed in the Wallkill Boys basketball program. The drills, competitions, instruction and games will be conducted in a positive, fun, and challenging atmosphere. Each event will be led by Varsity Coach Hunter Andrews, the rest of our coaching staff, and the members of the varsity basketball team.

When:

6:00 PM - 7:30 PM

Wednesday, May 18

Wednesday, May 25

Where:

Wallkill Senior High School

Cost: \$50 (or \$25/session)

Checks should be made out to: "WCSD/Varsity Club"

Mail Registration and Checks to:

Wallkill Senior High School

Attn: Hunter Andrews

90 Robinson Drive

Wallkill, NY 12589

If you have any questions, please contact Hunter Andrews at: (845) 913-5106/handrews1@wallkillcsd.k12.ny.us

*									
Name of Child:	Shirt Size: YS	ΥM	YL	YXL	AS	AM	AL	AXL	XXL
Grade: Parent Name:		Ema	il:						*****
Safety Information: Please list all known conditions so we can accommodation your son's needs.									
								•	
Emergency Contact(s):									
Contact name:	Relationship	:			Cor	itact#:			

WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

		Request must be submitted 30 days prior to the 3 rd Thursday of the followi	ng RobinCEIVED
I.	N	Tame of Organization wall Will Vousty Football	MAR 3-1 2022
	D	ate of Request 3/23	
	Pe	erson Making Request_ TOE VilliHeri	ASS'T SUPT. FOR SUPPORT SERVICES
	Aı	re you a Walikill Central School District Resident? YesNo	
•	St	aff Member in Charge (If Applicable, See Attached Form) 500 VINTHU	r' Teacher
	Da	aytime Telephone Number	
	Ad	idress If Town Upen Pr. wappenyer	S NY, 12520
	Bu	ilding/Facilities Requested 1474h School Turk/61m	rif raining
	De	scription of Activity Youth Cump	
	Are	the Majority of the Participants Wallkill Central School District Residents? Yes No	·
	Wi	Il Admission, Fees be Charged or Donations Accepted?YesNo	
	If Y	Tes, Specify Community Benefit T-3WVHS 4 FOR COUNTY OF	5_
	Dat	Time(s) 5:06-7:00 y	
II.	INS	TURANCE INFORMATION	
	Do	you (the requesting organization) have an in-force public liability policy?	
		Yes (If yes, please provide a certificate of insurance, listing the Wallkill Central District as an additional insured) No	al School
	If ye	es, what are the limits of liability?	
III.	RUI	LES FOR USE OF SCHOOL FACILITIES	
	A.	Board of Education approval is necessary for all athletic related and profit making activities.	
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	F. .	The facilities must be vacated by the time indicated on the approved request form	

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Signature of Representative of Requesting Organization

Date

	_Director of Operational Services Contacted		
- VCV	_Building Custodian Contacted		
~	Director of School Lunch Program Contacted		
i	_Athletic Director Contacted		
	_Sent to District Office for Board Approval		
	Other (Please Specify)		
Approved:	(Building Principalls Signature)	_Date	3/31/2027
Disapproved:	(Building Finicipals Signature)	Date	
Disapproved	(Building Principal's Signature)		
****	**********	****	k
	FOR DISTRICT OFFICE USE ONI	LY .	
Approved:	E-Di	Date	4/1/2022
(A	ssistant Superintendent for Support Services)		,
Disapproved <u>:</u>	ssistant Superintendent for Support Services)	_Date	
•	roval Forwarded To:		
	Assistant Superintendent for Educational Services		
	Building Principal, Director of School Lunch Program, Direct Operational Services, Building Custodian, Athletic Director	or of	



YOUTH CAMP Wednesday, June 15th, 2022 5:00-7:00PM

Wallkill Football Youth Camp is for kids ages 5-13. The Camp is run by the Varsity Football Program and directed by the coaches and players from the High School. The Camp focuses on FUNdamentals as a way to build a connection between ALL levels of Wallkill Football. Campers will learn proper technique, offensive and defensive basics, and create an enthusiasm for the game of football.

Camp will run from 5:00-7:00PM on Wednesday, June 15th, 2022 at the Robinson Field Turf Complex on the grounds of Wallkill Senior High School. Cost of camp is \$15. Each camper will receive a T-Shirt.

Capers should have athletic clothing (t-shirt & shorts), sneakers and cleats, and a water bottle if wanted (water will be provided). Camp is RAIN or SHINE. In the event of rain, we will hold the camp in the Wallkill Senior High School Gym.

If you have any questions, please contact Joe Pillitteri at jpillitteri@wallkillcsd.k12.nv.us

Please fill out the permission slip below and return it to the Wallkill Athletic Department at the High School by JUNE 10th

ATTN: Joe Pillitteri Wallkill Senior High School 90 Robinson Drive Wallkill, NY 12589

		Committee of the Commit						
My child, will be attending the Wallkill Football Youth Camp on Wednesday, June 15 th . I will be staying to watch and/or picking him/her up at 7:00PM.								
Emergency Co	ntact Name:				Emergency Contact Phone:			
Parent/Guardian Signature:								
T-Shirt Size:	Youth: Adult:	S S	M M	L L	XL XL	2XL		

Please make checks Payable to "WCSD/Varsity Club"

All registrations slips should be returned to the Wallkill Athletic Department at the High School by June 10th.

WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3rd Thursday of the following month.

I	Nam	ne of Organization Town of Playtebill Summer Camp					
	Date	of Request Fyery Wednesday (June 29th July 28th) + rainy days					
	Perso	on Making Request Kimbertee Way - Lecreation Director M. Tues,					
	Are	you a Wallkill Central School District Resident? YesNo RECEIVED					
	Staff	f Member in Charge (If Applicable, See Attached Form)					
	Dayt	time Telephone Number 845 - 901 - 4831 MAR 1 5 2022					
	Addı	ress 1915 de 44.55, Modera NY 12548 ASSIT SUPT. FOR SUPPORT SERVICES					
	Building/Facilities Requested Platiekill Elementary School						
	Description of Activity Use for Summer Camp						
	Are the Majority of the Participants Wallkill Central School District Residents?						
	Will Admission, Fees be Charged or Donations Accepted?YesNo						
	If Ye	es, Specify Community Benefit					
	Date	(s) JUNE 29 - JULY 28 Time(s) 8:30 cm - 3:30 p.M.					
II.	INSU	URANCE INFORMATION					
	Do you (the requesting organization) have an in-force public liability policy?						
		Yes (If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured) No					
	If yes	s, what are the limits of liability?					
III.	RUL	ES FOR USE OF SCHOOL FACILITIES (Please note: WiFi access will not be provided.)					
	A.	A. Board of Education approval is necessary for all athletic related and profit-making activities.					
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Vanial celler	03-10-22
Signature of Representative of Requesting Organization	Date

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: M. Clasbank	Date	3-14-22
(Building Principal's Signature)		
Disapproved:	Date	
(Building Principal's Signature)		
***********	****	******
FOR DISTRICT OFFICE USE O	ONLY	
Approved: R-V	Date	3/23/2022
(Assistant Superintendent for Support Services)		,
Disapproved: (Assistant Superintendent for Support Services)	Date	
Approval/Disapproval Forwarded To:		
Assistant Superintendent for Educational Services		
Building Principal, Director of School Lunch Program, Director	rector of	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/22/2022 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(les) 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). CONTACT NAME: Lydia Negron, CIC PRODUCER PHONE (845) 343-2138 (845) 343-9157 (A/C, No): Marshall & Sterling, Inc. Inegron@marshallsterling.com 420 E. Main Street ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC # 20690 Middletown NY 10940 NYMIR INSURER A : MSURED INSURER B Town of Plattekill INSURER C: P O Box 45 INSURER D: INSURER E : NY 12548 Modena INSURER F: CL2222115260 **REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES** 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. ADDE SUBN TYPE OF INSURANCE POLICY NUMBER LTR 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 50,000 X OCCUR CLAIMS-MADE PREMISES (Ea occumence 5,000 MED EXP (Any one person) \$ 02/15/2023 1,000,000 MPLTPLTK001 02/15/2022 Y A PERSONAL & ADV INJURY 3,000,000 **GENERAL AGGREGATE** GEN'L AGGREGATE LIMIT APPLIES PER: 1,000,000 PROJECT PRODUCTS - COMP/OP AGG POLICY \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 **AUTOMOBILE LIABILITY** BODILY INJURY (Per person) S ANY AUTO SCHEDULED OWNED MCATPLTK001 02/15/2022 02/15/2023 **BODILY INJURY (Per accident)** \$ A AUTOS NON-OWNED AUTOS ONLY AUTOS ONLY HIRED PROPERTY DAMAGE (Per accident) \$ AUTOS ONLY s 6,000,000 UMBRELLALIAB OCCUR **EACH OCCURRENCE** 02/15/2023 12,000,000 X EXCESS LIAB 02/15/2022 MECTPLTK001 AGGREGATE \$ CLAIMS-MADE RETENTION \$ \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Any One Claim 1,000,000 Public Officials Liability-Claims Made 02/15/2022 02/15/2023 Annual Aggregate 2,000,000 MPOTPLTK001 Deductible: \$2,500 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Wallkill Central School District is an additional insured if required by written contract, per endorsement number MPL2160306. Includes Sexual Molestation coverage subject to a deductible of \$2,500 per claim. CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Wallkill Central School District 1500 Rte 208 **AUTHORIZED REPRESENTATIVE**

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NY 12589

Wallkill

TOWN OF PLATTEKILL SUPERVISOR JENNIFER SALEMO

To the Wallkill School Board,

I would like to thank you for letting us use the Plattekill Elementary school for our summer camp! We are very happy to be able to provide camp after a long two years.

Our camp will follow all recommendations by the NY State Health Department and the CDC guidelines regarding COVID. Our children will socially distance when together. Our campers will also be required to have their own water bottles. Parents will be asked to continue doing self-health checks at home before attending camp each morning. If we feel as though our campers are showing any symptoms related to COVID a parent will be called and that camper will need to be picked up. Our camp has an EMT with them every day/all day!

Thank You again, Kimberlee Way -Recreation Director 845-883-7331 x14

WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

		Request must be submitted 30 days prior to the 3 rd Thursday of the following	onth.ECEIVED
I.	1	Name of Organization Will kill bothell	MAR 3 1 2022
	I	Date of Request 847 3/22(2022	ASS'T SUPT. FOR
	F	Person Making Request TOE WILLIGH EVI	SUPPORT SERVICES
	A	Are you a Wallkill Central School District Resident? YesNo	
·	S	taff Member in Charge (If Applicable, See Attached Form) JOE WILLHOU	
	D	Paytime Telephone Number (845) 522-2463	
•	A	ddress 191 TOWN VIEW Dr., weipfingers, NY,	12590
	В	uilding/Facilities Requested High School Two #	
	D	escription of Activity 13 4 Volu County (BIG BLUC	= (IAMP)
	A	re the Majority of the Participants Wallkill Central School District Residents? Yes No	,
	w	ill Admission, Fees be Charged or Donations Accepted? Yes No	
	If	Yes, Specify Community Benefit 4 18 18/12003	
	Da	te(s) 8/17-8/11 Time(s) Time(s)	1240
II.	IN	SURANCE INFORMATION 4:00 PM	- 7:00 PM
	Do	you (the requesting organization) have an in-force public liability policy?	
		Yes (If yes, please provide a certificate of insurance, listing the Wallkill Central Sci District as an additional insured)	hool
	If y	res, what are the limits of liability?	
III.	RU.	LES FOR USE OF SCHOOL FACILITIES	
	A.	Board of Education approval is necessary for all athletic related and profit making activities.	
	B.	A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.	
		In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.	
	C.	Any day school must be closed, activities that evening are cancelled. It is the responsibility of the sponsor group to notify the public.	
	D.	Police protection must be arranged for any event when it is deemed necessary by the school administration.	
	E. '	Functions shall be non-exclusive and open to the general public.	
	F. .	The facilities must be vacated by the time indicated on the approved request form	

Revised 1-1-06

but no later than 10:30 P.M.

- G. No smoking is allowed on school property.
- H. No one is allowed in areas other than those authorized.
- I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.
- J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.
- K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- M. When use of gyms is authorized for recreational purposes, sneakers must be worn.
- N. Vehicles are permitted in authorized parking areas only.
- 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 Item II).
- P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- Q. The approval for use of school facilities is revocable at any time without notice.
- R. All school related functions will have priority for use of the building.
- S. 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.
- T. 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.
- U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- V. 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.
- W. 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

Date

	Director of Operational Services Contacted			
Ker	Building Custodian Contacted			
-	Director of School Lunch Program Contacted			
M	Athletic Director Contacted			
	Sent to District Office for Board Approval			
	Other (Please Specify)			
Approved:	But Mut	_Date	3/30/2022	
	(Building Principale Signature)			
Disapproved:	(Building Principal's Signature)	_Date		
	(Building Principal's Signature)			
* * * * * * * * * * * * * * * * * * * *				
FOR DISTRICT OFFICE USE ONLY				
Approved:	E	Date	4/1/2022	
	(Assistant Superintendent for Support Services)			
Disapproved <u>:</u>	(Assistant Superintendent for Support Services)	Date		
	(Assistant Superintendent for Support Services)			
Approval/Disa	pproval Forwarded To:			
	Assistant Superintendent for Educational Services			
	Building Principal, Director of School Lunch Program, Directo Operational Services, Building Custodian, Athletic Director	or of		
	Chorming por 11000's Danienie Conformity 1 minorio Director			

BIG BLUE FOOTBALL CAMP

Big Blue Football Camp will be held on the campus of Wallkill Senior High School in Wallkill, NY. The goal of this camp is to provide scholastic football players a chance to improve their individual skills as a player as well as to develop a deeper appreciation for the team aspect of the great game of football. Players will be instructed by an experienced staff and be shown demonstrations and drill work of individual position-specific skills, taught offensive & defensive schematics, and given the opportunity to compete in controlled scrimmage situations. This Camp is designed to better both the individual in their development as a player, and the overall team leading to success in the fall, under Friday Night Lights!

Camp Dates:

- * Wednesday, August 17th 4:00 PM 7:00 PM
- * Thursday, August 18th 4:00 PM 7:00 PM
- * Friday, August 19st 4:00 PM 7:00 PM

Camp fee is \$30 per camper, which Covers:

- * Site Usage
- * Individualized Experienced Coaching
- * Water, PowerAde, and Snack
- * Lunch on Saturday to conclude camp
- * Camp T-Shirt
- * Open to Scholastic Football Players Only (Any students entering grades 9-12 in the fall of 2022)

Camp fee in cash or check made payable to: "WCSD/Varsity Club"

Either bring completed form & payment with you on the first day of Camp (8/17) <u>OR</u> Mail to:
Wallkill Senior High School
ATTN: Joe Pillitteri Head Football Coach
90 Robinson Drive
Wallkill, NY 12589

Camp registration forms & payment can be given directly to your head coach.

All camp registration fees (\$30) are non-refundable, and must be paid by the first day of camp (8/17/22). (For Any Other Schools' Coaches: There will be no mail-in registrations, please bring these forms and payment with you on the first day of camp).

*Note: Please DO NOT bring any valuables, as the Big Blue Camp and its staff will not be held responsible for any lost or stolen items.

Camper Name:	DOB:
Age:	Grade (in fall of 2022):
Home Address:	T-Shirt Size:
	Phone #:
Parent/Guardian Name:	Phone #:
Emergency Contact Name:	
Primary Insurance:	
Policy Number:	
Allergies/Restrictions:	
part in all Big Blue Football Camp activities, including full contact my responsibility to notify the coach of any medical or physical or participation or that requires special attention. If medical attention beyond first-aid treatment is required, I und contact me at the emergency number provided. If contact with medical treatment to be administered. I assume all risks and hazards incidental to such participation incidental.	derstand that every attempt will be made to me is not possible, I give my permission for cluding transportation to and from the camp,
and I understand that that the Big Blue Football Camp will not be participating in football camp. I do hereby waive, release, indem coaches, members of the camp staff, and camp host site, Wallkil son/daughter.	nnify and agree to hold harmless all sponsors,
It is the applicant's responsibility to pay for his/her own medical acknowledges the above, and releases the Big Blue Football Cam Central School District, from any and all liability for medical expe	np and Staff, and the Camp host site, Wallkill
Parent/Guardian Signature	Date: