

RECEIVED

APR 28 2022

ASST SUPT. FOR
SUPPORT SERVICES

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. Name of Organization Most Precious Blood Summer League
 Date of Request 3/15/2022
 Person Making Request Rich Wendel
 Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
 Staff Member in Charge (If Applicable, See Attached Form) _____
 Daytime Telephone Number 845-527-3451
 Address 4 Hoppenstreet Rd, Wallkill, NY 12589
 Building/Facilities Requested John C. Burken Middle School (elementary only)
 Description of Activity Summer Basketball League
 Are the Majority of the Participants Wallkill Central School District Residents?
☒ Yes ☐ No
 Will Admission, Fees be Charged or Donations Accepted? ☒ Yes ☐ No
 If Yes, Specify Community Benefit Rec League for local youth to play
 Date(s) 6/30/2022 - July 29, 2022 Time(s) 5:30pm - 9:30 m-Th
July 29 5:30 - 9:30 F

II. INSURANCE 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, what are the limits of liability? _____

III. RULES FOR USE OF SCHOOL FACILITIES (Please note: WiFi access will not be provided.)

- A. Organizations using District facilities will be required to follow all safety and health protocols required by state and local guidance, as well as the District's Reopening Plan.
- B. Board of Education approval is necessary for all athletic related and profit-making activities.
- C. 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.
- D. Any day school must be closed, activities that evening are cancelled.
 It is the responsibility of the sponsor group to notify the public.
- E. Police protection must be arranged for any event when it is deemed necessary by the school administration.
- 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.

Richard C. Cencel
Signature of Representative of Requesting Organization

3/15/22
Date

FOR BUILDING USE ONLY

_____ Director of Operational Services Contacted

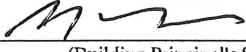
_____ Building Custodian Contacted

_____ Director of School Lunch Program Contacted

_____ Athletic Director Contacted

_____ Sent to District Office for Board Approval

_____ Other (Please Specify) _____

Approved:  Date 4/26/22
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved:  Date 5/26/2022
(Assistant Superintendent for Support Services)

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

Approval/Disapproval Forwarded To:

_____ Assistant Superintendent for Educational Services

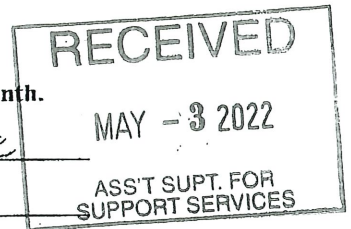
_____ Building Principal, Director of School Lunch Program, Director of
Operational Services, Building Custodian, Athletic Director

Most Precious Blood Summer League

Covid Safety Plan:

1. We will follow all state and school protocols that are in effect during the time period of the league (June 20 – July 30)
 2. Require masks of all players, coaches and fans (if mask mandate is in effect)
 3. Provide hand sanitizer
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WALLKILL CENTRAL SCHOOL DISTRICT
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Person Making Request Rich Wendel
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Daytime Telephone Number 845-527-3451
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Building/Facilities Requested Ostrander Elementary (ramants only)
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☒ Yes ☐ No
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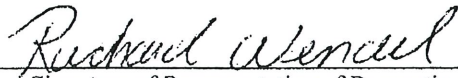
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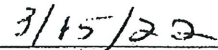
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Signature of Representative of Requesting Organization



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: *Katalin Ariz* Date 4/28/22
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: *E. [Signature]* Date 5/26/2022
(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

Most Precious Blood Summer League

Covid Safety Plan:

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2. Require masks of all players, coaches and fans (if mask mandate is in effect)
3. Provide hand sanitizer

Certificate of Coverage

Date: 7/21/2021

Certificate Holder
Archdiocese of New York
1011 First Avenue
New York, NY 10022

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Covered Location
Most Precious Blood Church
42 Walnut Street
Walden, New York 12586

Company Affording Coverage
THE CATHOLIC MUTUAL RELIEF
SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	D. General Liability	8869	9/1/2021	9/1/2022	Each Occurrence	1,000,000
	<input checked="" type="checkbox"/> Occurrence				General Aggregate	2,000,000
	<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	
					Personal & Adv Injury	
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability				Each Occurrence	
					Annual Aggregate	
	Other				Each Occurrence	
					Claims Made	
					Annual Aggregate	
					Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)
Coverage only extends to claims resulting from Most Precious Blood Summer Basketball League's use of the gymnasium facilities of the Walkill Central School District for the term of the certificate. Coverage does not extend to claims resulting from the improper maintenance or upkeep of the schools' gym facilities.

Holder of Certificate

Cancellation

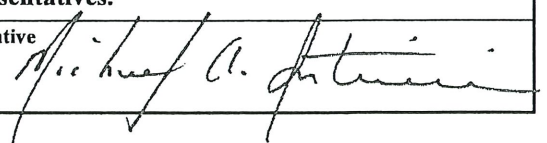
Additional Protected Person(s)

Wallkill Central School District
19 Main Street
Wallkill, New York 12589

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

0041013369



ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 9/1/2021

Cancellation Date of Endorsement: 9/1/2022

Certificate Holder: Archdiocese of New York
1011 First Avenue
New York, NY 10022

Location: Most Precious Blood Church
42 Walnut Street
Walden, New York 12586

Certificate No. 8869 of The Catholic Mutual Relief Society of America is amended as follows:

SECTION II - ADDITIONAL PROTECTED PERSON(S)

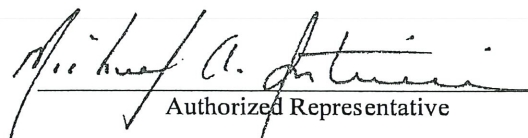
It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the **Protected Person(s)** activities or activities they perform on behalf of the **Protected Person(s)**.

It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)
Wallkill Central School District
19 Main Street
Wallkill, New York 12589

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

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Authorized Representative

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. Name of Organization BCANY
- Date of Request 5/13
- Person Making Request AJ Higley
- Are you a Wallkill Central School District Resident? Yes ☒ No
- Staff Member in Charge (If Applicable, See Attached Form) AJ Higley
- Daytime Telephone Number 845 399-1921
- Address 8 Michael Drive Wallkill
- Building/Facilities Requested H.S. Gym
- Description of Activity Hoop fest work outs
- Are the Majority of the Participants Wallkill Central School District Residents?
Yes ☒ No

Will Admission, Fees be Charged or Donations Accepted? Yes ☒ No

If Yes, Specify Community Benefit

Date(s) ~~7/11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31~~ 8/12, 13, 14, 15 Time(s) 6pm - 8pm

II. INSURANCE INFORMATION 6/27, 28

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☐ No

If yes, what are the limits of liability? _____

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Signature of Representative of Requesting Organization

Date

FOR BUILDING USE ONLY

Director of Operational Services Contacted

Building Custodian Contacted

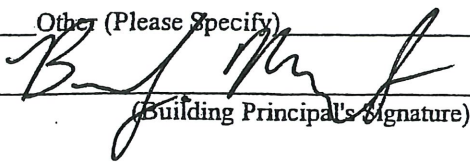
Director of School Lunch Program Contacted

Athletic Director Contacted

Sent to District Office for Board Approval

Other (Please Specify)

Approved:


(Building Principal's Signature)

Date

5/16/2022

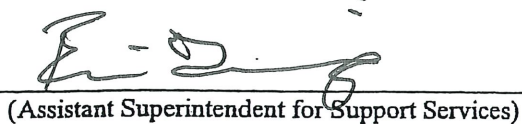
Disapproved:

(Building Principal's Signature)

Date

FOR DISTRICT OFFICE USE ONLY

Approved:


(Assistant Superintendent for Support Services)

Date

6/2/2022

Disapproved:

(Assistant Superintendent for Support Services)

Date

Approval/Disapproval Forwarded To:

Assistant Superintendent for Educational Services

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

Hansen, Susan

From: Higby, Arthur
Sent: Monday, June 6, 2022 9:12 AM
To: Hansen, Susan
Subject: Covid plan for Hoopfest

Good morning,

Hope this is what you are looking for. This is about what we did at the end of our basketball season. If they want more I will be glad to add it.

Hoopfest Covid Plan for Wallkill High School 2022

1. All players will bring their own water bottles. NO SHARING.
2. All players will maintain good social distancing when possible
3. Transportation is at the discretion of each player.

AJ Higby
Math Teacher
Varsity Girls Basketball Coach



BASKCOA-01

LGEORGE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/1/2022

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(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 Loomis & LaPann, Inc. 518-792-6561 228 Glen Street, PO Box 2158 Glens Falls, NY 12801	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED JUN - 9 2022 </div>	CONTACT NAME: Lori George PHONE (A/C, No, Ext): (518) 792-6561 FAX (A/C, No): (518) 792-3426 E-MAIL ADDRESS: lgeorge@loomislapann.com																				
INSURED Basketball Coaches Association of New York, Inc. 524 Dickson Street Endicott, NY 13760		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td colspan="2">INSURER A : HDI Global Specialty SE</td><td>41343</td></tr> <tr> <td colspan="2">INSURER B : National Union Fire Ins. Co. of Pittsburgh PA</td><td>19445</td></tr> <tr> <td colspan="2">INSURER C :</td><td></td></tr> <tr> <td colspan="2">INSURER D :</td><td></td></tr> <tr> <td colspan="2">INSURER E :</td><td></td></tr> <tr> <td colspan="2">INSURER F :</td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : HDI Global Specialty SE		41343	INSURER B : National Union Fire Ins. Co. of Pittsburgh PA		19445	INSURER C :			INSURER D :			INSURER E :			INSURER F :	
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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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			HDGL003700716	6/1/2022	6/1/2023	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) <input type="checkbox"/> Y/N	N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident			TBD	6/1/2022	6/1/2023	Medical \$ 25,000

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


EVENT NAME: Summer Hoops Festival Team Tryouts & Practices

EVENT DATE: July 31, August 1-4, 2022

EVENT LOCATION: Wallkill Central School District

CERTIFICATE HOLDER

CANCELLATION

Wallkill Central School District 19 Main St. Wallkill, NY 12589	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
--	--

WALKKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

MAY 26 2022

ASST SUPT. FOR
SUPPORT SERVICES

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

I.

Name of Organization Walkkill Youth Lacrosse

Date of Request 5/23/2022

Person Making Request F. Croce

Are you a Walkkill Central School District Resident? ☒ Yes ☐ No

Staff Member in Charge (If Applicable, See Attached Form) Self

Daytime Telephone Number 845 978-8713

Address 611 Hagerburgh Rd Walkkill NY 12588

Building/Facilities Requested ~~Don Andrew Practice Field~~ / Don Andrew practice field

Description of Activity Summer Youth Lacrosse Clinics

Are the Majority of the Participants Walkkill Central School District Residents?

☒ Yes ☐ No

Will Admission, Fees be Charged or Donations Accepted? ☐ Yes ☒ No

If Yes, Specify Community Benefit _____

Date(s) See Attached Time(s) —

II.

INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

☒ Yes (If yes, please provide a certificate of insurance, listing the Walkkill Central School District as an additional insured)
☐ No

If yes, what are the limits of liability? ON File

III.

RULES 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.

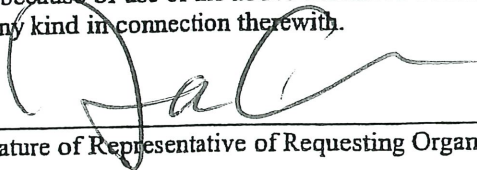
F. The facilities must be vacated by the time indicated on the approved request form

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.
- 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

5/23/2022
Date

FOR BUILDING USE ONLY

Director of Operational Services Contacted

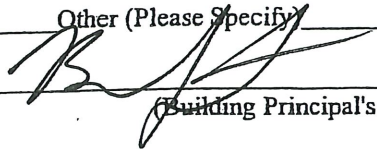
_____
Building Custodian Contacted

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 5/25/2022

Disapproved: _____
(Building Principal's Signature)

Date _____

FOR DISTRICT OFFICE USE ONLY

Approved: _____
(Assistant Superintendent for Support Services)

Date 6/7/2022

Disapproved: _____
(Assistant Superintendent for Support Services)

Date _____

Approval/Disapproval Forwarded To:

Assistant Superintendent for Educational Services

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

Tuesdays and Thursdays 5-8 pm

July 12th, 14th, 19th, 21st, 26th, 28th

August 2nd, 4th, 9th, 11th, 16th, 18th



CERTIFICATE OF LIABILITY INSURANCE

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 provision 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 RPS Bellinger PO Box 1322 Morristown, NJ 07960 PHONE: 1-800-446-5311 FAX: 973-921-8474	CONTACT NAME:	
	PHONE (A/C, No. Ext): 800-446-5311	FAX (A/C, No.): 973-921-8474
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	Insurer A: Market Insurance Company	
	NAIC # 38370	
INSURED USA Lacrosse 2 Loveton Circle Sparks, MD 21152 Re: walkkill youth lacrosse	INSURER B:	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participants Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	X		8602AH221368	01/01/2022	01/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X		4602AH221370	01/01/2022	01/01/2023	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER EMPLOYEE OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Accident Medical Catastrophic Acc			4102AH025220 4102AH305882	01/01/2022 01/01/2022	01/01/2023 01/01/2023	Accident Limit: \$100,000 Catastrophic Limit: \$1,000,000

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

Coverage applies only to teams/leagues comprised of 100% USA Lacrosse players And coaches during scheduled & supervised lacrosse activities. Certificate Holder is named "Additional Insured" with respect to walkkill youth lacrosse.

CERTIFICATE HOLDER

CANCELLATION

Walkkill Central School Dist.
 90 Robinson dr.
 Walkkill, NY 12589

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

I certify that the team, league, or event on whose behalf I am requesting this certificate mandates 100% membership in USA Lacrosse for all players and coaches. In addition, I have verified our team's or league's events roster and all players and coaches are currently registered members of USA Lacrosse. I certify that this is true and I understand that liability coverage is only extended to our team, league, or event if all players and coaches are current members of USA Lacrosse. Further, I acknowledge by clicking on this box that liability claims may be denied for coverage if our team/league or event does not have 100% registered players and coaches with USA Lacrosse.

Name: Frank Croce
Organization: wallkill youth lacrosse
Date: 06/06/2022

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.

Name of Organization Walkill cheerleading

Date of Request 5/24/22

Person Making Request Kara Kucker

Are you a Wallkill Central School District Resident? Yes ☒ No

Staff Member in Charge (If Applicable, See Attached Form) Kara Kucker

Daytime Telephone Number 845-728-3380

Address 22 Center Street Walden, NY

Building/Facilities Requested WSHS Gym Rain nights

Description of Activity Youth Camp / Fundraiser

Are the Majority of the Participants Wallkill Central School District Residents?
☒ Yes ☐ No

Will Admission, Fees be Charged or Donations Accepted? ☒ Yes ☐ No

If Yes, Specify Community Benefit Walkill Cheerleading Fundraiser

Date(s) July 27 + 28, 2022 Time(s) 5:00-7:00

II.

INSURANCE 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, what are the limits of liability? _____

III.

RULES 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.
- 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

5/24/22
Date

FOR BUILDING USE ONLY

Director of Operational Services Contacted

yes

Building Custodian Contacted

Director of School Lunch Program Contacted

no

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 6/1/2022

(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

wing month.

RECEIVED
JUN - 8 2022
ASS'T Supt. FOR
SUPPORT SERVICES

I.

II.

III.

- G. No smoking is allowed on school property.
- H. No one is allowed in areas other than those authorized.
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Kelly R Wood

Signature of Representative of Requesting Organization

KELLY R WOOD

6/8/2022

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 6/9/22
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date 6/9/2022
(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

Wallkill Area Youth Soccer

PO Box 347

Wallkill, NY 12589

SAFETY PLAN

To help minimize the transmission of COVID-19, Wallkill Area Youth Soccer will mandate all participants including Players, Coaches and Parents to follow all state/local/federal guidelines.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2021

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 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 MARSHALL & STERLING 103 EXECUTIVE DR STE 300 NEW WINDSOR, NY 12553-5507 8455671000		CONTACT NAME: PHONE (A/C, No, Ext): 8455671000 FAX (A/C, No): 8455671030 E-MAIL ADDRESS: jdiana@marshallsterling.com; mstenglein@marshallsterling.com; jfreeman@marshallsterling.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: United States Fire Insurance	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Wallkill Area Youth Soccer Inc PO BOX 268 Wallkill, NY 12589		NAIC # 21113	

COVERAGES**CERTIFICATE NUMBER:** USP339498**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			SRPGAPML-101-0721	07/01/2021 12:01 AM	07/01/2022 12:01 AM	GENERAL AGGREGATE	\$2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS						EACH OCCURRENCE	\$1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						FIRE DAMAGE (Any one fire)	\$300,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$0.00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						
							EACH OCCURRENCE	\$0.00
							GENERAL AGGREGATE	\$0.00
							EACH OCCURRENCE	\$
							GENERAL AGGREGATE	\$

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

Soccer

CERTIFICATE HOLDERWallkill Area Youth Soccer Inc
PO BOX 268
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

Marshall & Sterling



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
06/20/2021

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPML-101-0721/USP339498	EFFECTIVE DATE 07/01/2021 12:01 AM	NAMED INSURED(S) Walkill Area Youth Soccer Inc		

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Walkill Central School District 1500 Route 208 Walkill, NY 12589						LOCATION:	BUILDING:
<input type="checkbox"/>	BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/>	LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:		E-MAIL ADDRESS:							
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Town of Plattekill PO BOX 45 1915 Route 44-55 Modena, NY 12548						LOCATION:	BUILDING:
<input type="checkbox"/>	BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/>	LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:		E-MAIL ADDRESS:							
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Town of Shawangunk 14 Central Avenue PO BOX 247 Walkill, NY 12589						LOCATION:	BUILDING:
<input type="checkbox"/>	BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/>	LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:		E-MAIL ADDRESS:							
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/>	BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/>	LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:		E-MAIL ADDRESS:							
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/>	BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/>	LIENHOLDER	REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ex):		FAX (A/C, No):				
REASON FOR INTEREST:		E-MAIL ADDRESS:							