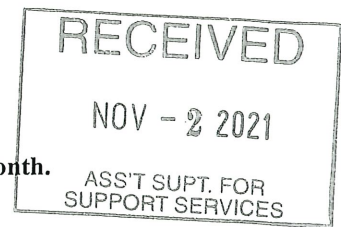


WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES



**Request must be submitted 30 days prior to the 3<sup>rd</sup> Thursday of the following month.**

I. Name of Organization Wallkill Area Little League  
Date of Request October 7, 2021  
Person Making Request Brett Arteta  
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No  
Staff Member in Charge (If Applicable, See Attached Form) \_\_\_\_\_  
Daytime Telephone Number 845-532-7237  
Address 18 Meadow Lane, Modena, NY 12548  
Building/Facilities Requested John G. Borden Middle School - Both Gyms  
Description of Activity Saturday Baseball Tryouts  
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) January 29, 2022 - March 26, 2022 Time(s) 12 PM - 5 PM Saturdays

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

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.



10/7/2021

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: \_\_\_\_\_ Date 10/28/24  
(Building Principal's Signature)

Disapproved: \_\_\_\_\_ Date \_\_\_\_\_  
(Building Principal's Signature)

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: \_\_\_\_\_ Date 11/8/2024  
(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 Little League  
PO Box 386  
Wallkill, New York 12589

## COVID-19 SAFETY PLAN

### Safe Physical Distance

- Maintain 6 feet of distance before and after physical activity.
- No touch rule- players should refrain from high fives, handshake lines, and other physical contact with others.
- Individuals will not congregate in common areas or in parking lot following practice.

### Hygiene Standards/ Disinfecting and Equipment

- Face masks must be worn by players and parents/guardians at all times.
- 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.

Questions on this plan should be directed to Dean Pastena,

League President (845) 421-5232

Email: [info@wallkillarealittleleague.org](mailto:info@wallkillarealittleleague.org)





## WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

**Request must be submitted 30 days prior to the 3<sup>rd</sup> Thursday of the following month.**

- I. Name of Organization Wallkill Area Little League
- Date of Request October 7, 2021
- Person Making Request Brett Arteta
- Are you a Wallkill Central School District Resident? X Yes        No
- Staff Member in Charge (If Applicable, See Attached Form) \_\_\_\_\_
- Daytime Telephone Number 845-532-7237
- Address 18 Meadow Lane, Modena, NY 12548
- Building/Facilities Requested Leptondale Gym
- Description of Activity Baseball Practice
- Are the Majority of the Participants Wallkill Central School District Residents?  
X Yes        No
- Will Admission, Fees be Charged or Donations Accepted?        Yes X No
- If Yes, Specify Community Benefit \_\_\_\_\_
- Date(s) February 1, 2022 - March 31, 2022 Time(s) 6 PM - ~~9 PM~~ Tuesdays & Thursdays  
8:30 pm

## II. INSURANCE 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

If yes, what are the limits of liability? \$1,000,000/\$2,000,000

### 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.



10/7/2021

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: \_\_\_\_\_ Date 10/25/21  
(Building Principal's Signature)

Disapproved: \_\_\_\_\_ Date \_\_\_\_\_  
(Building Principal's Signature)

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: \_\_\_\_\_ Date 11/5/2021  
(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





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

## COVID-19 SAFETY PLAN

### Safe Physical Distance

- Maintain 6 feet of distance before and after physical activity.
- No touch rule- players should refrain from high fives, handshake lines, and other physical contact with others.
- Individuals will not congregate in common areas or in parking lot following practice.

### Hygiene Standards/ Disinfecting and Equipment

- Face masks must be worn by players and parents/guardians at all times.
- 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.

Questions on this plan should be directed to Dean Pastena,

League President (845) 421-5232

Email: [info@wallkillarealittleleague.org](mailto:info@wallkillarealittleleague.org)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/9/2021

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).

<b>PRODUCER</b> Keystone Risk Managers, LLC 1995 Point Township Drive  Northumberland PA 17867		<b>CONTACT NAME:</b> David Irwin <b>PHONE (A/C, No, Ext):</b> (570) 473-2150 <b>FAX (A/C, No):</b> (570) 473-2151 <b>E-MAIL ADDRESS:</b> Dirwin@Keystoneinsgrp.com	
<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated WALLKILL AREA LL 7 Bauer Lane Newburgh NY 12550		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lexington Insurance Company <b>INSURER B:</b> AIG Specialty Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 19437 26883	

## 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 <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
	<b>AUTOMOBILE LIABILITY</b> <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) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b> <input type="checkbox"/>						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	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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# WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

**Request must be submitted 30 days prior to the 3<sup>rd</sup> Thursday of the following month.**

I. Name of Organization Wallkill Area Little League  
Date of Request October 7, 2021  
Person Making Request Brett Arteta  
Are you a Wallkill Central School District Resident? X Yes \_\_\_\_\_ No  
Staff Member in Charge (If Applicable, See Attached Form) \_\_\_\_\_  
Daytime Telephone Number 845-532-7237  
Address 18 Meadow Lane, Modena, NY 12548  
Building/Facilities Requested W.A.L.L. Complex, Commercial Row, Wallkill, NY 12589  
Description of Activity All Baseball & Related Activities  
Are the Majority of the Participants Wallkill Central School District Residents?  
X Yes \_\_\_\_\_ No  
Will Admission, Fees be Charged or Donations Accepted? X Yes \_\_\_\_\_ No  
If Yes, Specify Community Benefit Sporting Events for Kids  
Date(s) March 1, 2022 - November 30, 2022 Time(s) 6AM-8PM Weekends, 4PM-Dusk

## II. INSURANCE 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

If yes, what are the limits of liability? \$1,000,000/\$2,000,000

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

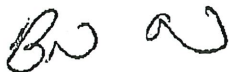
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- B. Board of Education approval is necessary for all athletic related and profit-making activities.
- C. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.  
  
In the event of an 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.
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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.



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- V. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
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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

10/7/2021

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: \_\_\_\_\_ Date \_\_\_\_\_  
(Building Principal's Signature)

Disapproved: \_\_\_\_\_ Date \_\_\_\_\_  
(Building Principal's Signature)

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved:  \_\_\_\_\_ Date 11/1/2021  
(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



***\*\*\*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\*\*\****

# **COVID-19 Safety Plan**

## **Shawangunk, New York**

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/9/2021

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	CONTACT NAME: David Irwin
Keystone Risk Managers, LLC	PHONE (A/C, No, Ext): (570) 473-2150
1995 Point Township Drive	FAX (A/C, No): (570) 473-2151
	E-MAIL ADDRESS: Dlrwin@Keystoneinsgrp.com
Northumberland PA 17867	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 WVD	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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	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	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
19 Main St	AUTHORIZED REPRESENTATIVE
Wallkill NY 12589-0310	

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