

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 Gymnastics Clinic / WSHS Gymnastics  
Date of Request 1/16/23  
Person Making Request Roberta Tejeda  
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No  
Staff Member in Charge (If Applicable, See Attached Form) Rachel Rivera / Roberta T.  
Daytime Telephone Number 815 7152  
Address \_\_\_\_\_  
Building/Facilities Requested Ostrander Elementary Gym  
Description of Activity Gymnastics Clinic  
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 Gymnastics Fundraiser  
Date(s) 1/24 & 1/25 Time(s) 5-7 pm.

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 gym 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

1/6/23

FOR BUILDING USE ONLY

\_\_\_\_\_  
Director of Operational Services Contacted

\_\_\_\_\_  
Building Custodian Contacted

\_\_\_\_\_  
Director of School Lunch Program Contacted

MS \_\_\_\_\_  
Athletic Director Contacted

\_\_\_\_\_  
Sent to District Office for Board Approval

\_\_\_\_\_  
Other (Please Specify)

Approved:

[Signature]  
(Building Principal's Signature)

Date

1/6/2023

Disapproved:

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

Date

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved:

[Signature]  
(Assistant Superintendent for Support Services)

Date

1/9/2023

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



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 Youth Lacrosse

Date of Request 1/9/2023

Person Making Request Frank Croce

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

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

Daytime Telephone Number 845-978-8713

Address 611 Hoagerburgh Rd Wallkill NY 12589

Building/Facilities Requested Lacrosse fields / multi purpose field

Description of Activity youth lacrosse grades K-6 Boys & girls

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) March 1<sup>st</sup> - June 11<sup>th</sup>

Time(s) 5pm - 8pm m-F  
9am - 4:30pm 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? See attached

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.

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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

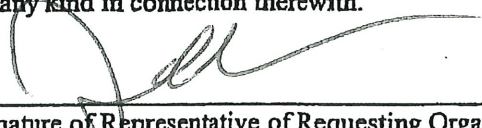
\*Contingent  
upon  
in season  
Sports.

but no later than 10:30 P.M.

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- H. No one is allowed in areas other than those authorized.
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\_\_\_\_\_  
Signature of Representative of Requesting Organization

  
\_\_\_\_\_  
Date

FOR BUILDING USE ONLY

\_\_\_\_\_  
Director of Operational Services Contacted

Lee  
\_\_\_\_\_  
Building Custodian Contacted

\_\_\_\_\_  
Director of School Lunch Program Contacted

[Signature]  
\_\_\_\_\_  
Athletic Director Contacted

\_\_\_\_\_  
Sent to District Office for Board Approval

\_\_\_\_\_  
Other (Please Specify)

Approved: [Signature]  
\_\_\_\_\_  
(Building Principal's Signature)

Date 1/11/2023

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

Date \_\_\_\_\_

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: [Signature]  
\_\_\_\_\_  
(Assistant Superintendent for Support Services)

Date 1/13/2023

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





# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)  
12/27/2022

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).

<b>PRODUCER</b> Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT</b> Willis Towers Watson Certificate Center <b>NAME:</b> <b>PHONE</b> (A/C, No, Ext): 1-877-945-7378 <b>FAX</b> (A/C, No): 1-888-467-2378 <b>E-MAIL</b> <b>ADDRESS:</b> certificates@willis.com																					
<b>INSURED</b> US Lacrosse, Inc. 2 Loveton Circle Sparks Glencoe, MD 21152	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Pennsylvania Manufacturers' Association In</td><td>12262</td></tr><tr><td>INSURER B:</td><td>Pennsylvania Manufacturers Association Ins</td><td>12262</td></tr><tr><td>INSURER C:</td><td>National Union Fire Insurance Company of P</td><td>19445</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Pennsylvania Manufacturers' Association In	12262	INSURER B:	Pennsylvania Manufacturers Association Ins	12262	INSURER C:	National Union Fire Insurance Company of P	19445	INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																						
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INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:** W27405712**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 checked="" type="checkbox"/> LOC OTHER:			302301-14-25-36-2	01/01/2023	01/01/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			652301-14-25-36-2	01/01/2023	01/01/2024	<table><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
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	\$																				
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A					<table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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A	General Liability - Sexual Abuse/Molestation			302301-14-25-36-2	01/01/2023	01/01/2024	<table><tr><td>Aggregate</td><td>\$2,000,000</td></tr><tr><td>Per occurrence</td><td>\$1,000,000</td></tr></table>	Aggregate	\$2,000,000	Per occurrence	\$1,000,000										
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage only applies to US Lacrosse Sanctioned Events and events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse.

SEE ATTACHED

**CERTIFICATE HOLDER**Wallkill Central School Dist.  
90 Robinson dr.  
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

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