

WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

MAR - 7 2023

ASST SUPT. FOR  
SUPPORT SERVICES

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

- I. Name of Organization UC Takeoff  
Date of Request 1/31/23  
Person Making Request Vincent Noscatello  
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No  
Staff Member in Charge (If Applicable, See Attached Form) \_\_\_\_\_  
Daytime Telephone Number 845-542-0912  
Address 23 Sofia Ct, Wallkill NY 12589  
Building/Facilities Requested Gym  
Description of Activity Basketball  
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 17 - June 16, 2023 Time(s) Tuesdays 7-9pm  
Fridays 730-9pm

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? Certificate sent w/ details


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.

  
\_\_\_\_\_  
Signature of Representative of Requesting Organization

1/31/23  
\_\_\_\_\_  
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:

Natalie Stary  
(Building Principal's Signature)

Date

3/6/23

Disapproved:

Date

(Building Principal's Signature)

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved:

[Signature]  
(Assistant Superintendent for Support Services)

Date

3/8/2023

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



**PRACTICE THIRD PARTY CERTIFICATE OF INSURANCE  
AMATEUR ATHLETIC UNION OF THE U.S., INC.**

<b>CERTIFICATE HOLDER</b>		Wallkill Central School District 90 Robinson Dr Wallkill, NY 12589			<b>COVERAGE DATES:</b> 02/01/2023 - 8/31/2023	
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.						
<b>PRODUCER</b>  Foy Insurance 64 Portsmouth Ave PO Box 1030 Exeter, NH 03833-1030		<b>INSURED</b>  Amateur Athletic Union of the U.S., Inc. Walt Disney World Resort P.O. Box 22409 Lake Buena Vista, FL 32830-1000 (407) 934-7200		<b>MEMBER CLUB INSURED</b>  UC Takeoff 23 Sofia Ct Wallkill, NY 12589		<b>CERTIFICATE ID: 3KAD37TX</b> <b>CLUB CODE: W398ED</b>
<b>INSURER(S) AFFORDING COVERAGE</b>						
Company A United State Fire Insurance Company NAIC# 21113  Company B Everest National Insurance Company NAIC # 10120				*For box below, INSR LTR refers to Company A or B.		
<b>COVERAGES</b> - This is to certify that the policy(ies) 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 policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies). Limits shown may have been reduced by paid claims.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	COVERAGE EFF. DATE (MM/DD/YY)	COVERAGE EXP. DATE (MM/DD/YY)	COVERAGES	LIMITS
A	Participant Accident	US1182716	9/01/2022 12:01 AM.	9/01/2023 12:01 AM.	Accident Medical Accidental Death and Dismemberment	100,000 20,000
B	Excess Liability	S18EX00142-221	9/01/2022 12:01 AM.	9/01/2023 12:01 AM.	Each Occurrence Policy Aggregate	5,000,000 5,000,000
B	General Liability	S18ML00176-221	9/01/2022 12:01 AM.	9/01/2023 12:01 AM.	Each Occurrence Limit General Aggregate Limit Participant Legal Liability Personal and Advertising Injury Limit Products-Completed Operations Aggregate Fire Damage to premises Rented to You Policy Aggregate Cap Medical Expenses Limit (Any One Person) Sexual Abuse Liability Sexual Abuse Aggregate	1,000,000 3,000,000 1,000,000 1,000,000 3,000,000 1,000,000 25,000,000 5,000 1,000,000 3,000,000
<b>ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS</b>  Coverage applies to UC Takeoff, License # 3KAD37TX Practice. UC Takeoff from 02/01/2023 through 08/31/2023, for the gross negligence and/or liabilities of the AAU Club(s) or registered members. For said club to have coverage, all membership requirements in the AAU must be met. Primary non-contributory applies as per attached endorsement ECG 24 520 04 02. Waiver of Transfer of Rights of Recovery Against Other to Us applies per attached Endorsement ECG 24 522 04 02. The Certificate holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, subject to the provisions and limitations of the policy(ies), attached CG 20 11 04 13 applies.						
<b>CANCELLATION</b> - Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives. <b>REVOCATION OF MEMBERSHIP</b> - will result in cancellation of coverage.						
<b>FACILITY OWNER SHOULD VERIFY THIS CERTIFICATE.</b> Go to <a href="http://www.aausports.org">www.aausports.org</a> , Membership, Insurance, Issued Third Party Certificates, Insert member club code						



Authorized Representative

Certificate No. 20232729

3

inscertfacility.rpt



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - MANAGERS OR  
LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART.**

**SCHEDULE**

<b>Designation Of Premises (Part Leased To You):</b> All locations owned, operated or leased by Name Of Person(s) Or Organization(s) listed below	
<b>Name Of Person(s) Or Organization(s) (Additional Insured):</b>  Wallkill Central School District 90 Robinson Dr Wallkill, NY 12589	
<b>Event:</b>	Practice, UC Takeoff
<b>Date:</b>	02/01/2023 through 08/31/2023
<b>Additional Premium:</b> \$ N/A	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person(s) or organization(s) shown in the Schedule.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:**

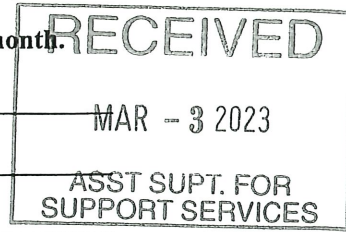
If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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 Let Me Run  
Date of Request March 1, 2023  
Person Making Request Tammy Torres  
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No  
Staff Member in Charge (If Applicable, See Attached Form) Coaches Tammy Torres + Kyle Kreuscher  
Daytime Telephone Number (917) 797-2214  
Address 34 Ralph Brach Dr. Wallkill NY 12589  
Building/Facilities Requested Ostrander gymnasium + grounds  
Description of Activity Youth development program (lessons + running)  
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 Program Fee  
Date(s) 3/28/23 - 5/19/23 Time(s) 3:30 pm - 5:00 pm  
Tuesdays + Fridays

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.)

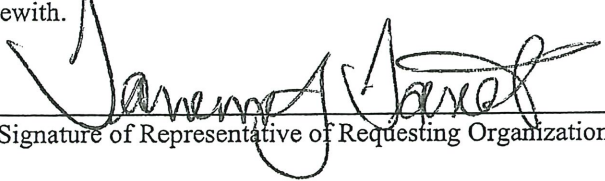
- A. Board of Education approval is necessary for all athletic related and profit-making activities.
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In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.
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It is the responsibility of the sponsor group to notify the public.
- 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.
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Signature of Representative of Requesting Organization

3-1-23  
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 Staryin*  
(Building Principal's Signature)

Date \_\_\_\_\_

*3/1/23*

Disapproved: \_\_\_\_\_

Date \_\_\_\_\_

(Building Principal's Signature)

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: \_\_\_\_\_

(Assistant Superintendent for Support Services)

Date \_\_\_\_\_

*3/8/2023*

Disapproved: \_\_\_\_\_

Date \_\_\_\_\_

(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

\_\_\_\_\_ Assistant Superintendent for Educational Services

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/30/2023

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 ECM Solutions 4000 Park Road Charlotte NC 28209	CONTACT NAME: Anita Caudill PHONE (A/C, No, Ext): 704-496-7354 E-MAIL ADDRESS: caudill@ecmins.com	FAX (A/C, No): 704-529-4422
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Travelers Indemnity Co		25658
INSURER B: Massachusetts Bay Ins Co		22306
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

## COVERAGES

CERTIFICATE NUMBER: 1341710204

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
B	<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 OTHER:			ZD6A364228-11	8/1/2022	8/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ZD6A364228-11	8/1/2022	8/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UH6H692736	7/19/2022	7/19/2023	EACH OCCURRENCE \$ 3,000,000 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 OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Directors & Officers Liability Sexual Misconduct			105512512 ZD6A364228-11	10/15/2021 8/1/2022	10/15/2022 8/1/2023	Limit of Liability Each Incident 1,000,000 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Walkill Central School District  
1500 Route 208  
Walkill NY 12590

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 Let Me Run
- Date of Request February 21, 2023
- Person Making Request Tennille Gillespie
- Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
- Staff Member in Charge (If Applicable, See Attached Form) \_\_\_\_\_
- Daytime Telephone Number 845-430-1251 (cell)
- Address 1149 Plains Rd, Wallkill, NY 12589
- Building/Facilities Requested Leptondale Elementary
- Description of Activity Boys running club
- 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) 3/28/23-5/18/23 T/Th Time(s) 3:15-4:30

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 each occurrence / \$3,000,000 general aggregate

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Jennille Gillespie

Signature of Representative of Requesting Organization

2/21/23

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

2/23/23

Disapproved: \_\_\_\_\_

(Building Principal's Signature)

Date

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: \_\_\_\_\_

(Assistant Superintendent for Support Services)

Date

3/8/2023

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



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DATE (MM/DD/YYYY)

1/30/2023

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  
ECM Solutions  
4000 Park Road  
Charlotte NC 28209

CONTACT NAME: Anita Caudill

PHONE (A/C, No, Ext): 704-496-7354

FAX (A/C, No): 704-529-4422

E-MAIL ADDRESS: caudill@ecmins.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Travelers Indemnity Co

25658

INSURER B: Massachusetts Bay Ins Co

22306

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED  
Let Me Run, Inc  
PO Box 12091  
Charlotte NC 28220

LETME-1

**COVERAGES**

CERTIFICATE NUMBER: 1341710204

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
B	<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 OTHER:			ZD6A364228-11	8/1/2022	8/1/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ZD6A364228-11	8/1/2022	8/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			UH6H692736	7/19/2022	7/19/2023	EACH OCCURRENCE \$3,000,000 AGGREGATE \$ \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Directors & Officers Liability Sexual Misconduct			105512512 ZD6A364228-11	10/15/2021 8/1/2022	10/15/2022 8/1/2023	Limit of Liability Each Incident 1,000,000 1,000,000

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

**CERTIFICATE HOLDER**

Walkill Central School District  
1500 Route 208  
Walkill NY 12590

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

RECEIVED

Request must be submitted 30 days prior to the 3<sup>rd</sup> Thursday of the following month. MAR - 9 2023

ASST Supt. FOR  
SUPPORT SERVICES

I.

Name of Organization

Wallkill Varsity Volleyball

Date of Request

3/6/23

Person Making Request

Julie Michella (Head Coach)

Are you a Wallkill Central School District Resident?

Yes

☒ No

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

Julie Michella

Daytime Telephone Number

845-699-6644

Address

265 S. Ohioville Rd., New Paltz, NY 12561

Building/Facilities Requested

High School Gym / Lobby Table

Description of Activity

Volleyball Kids Clinics Grades 3-8

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

Fundraiser for Varsity Volleyball Team

Date(s)

4/17, 4/24, 5/1, 5/8, 5/15

Time(s)

5:45 PM - 7:00 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 gyms is authorized for recreational purposes, sneakers must be worn.
- N. Vehicles are permitted in authorized parking areas only.
- O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Item II).
- P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- Q. The approval for use of school facilities is revocable at any time without notice.
- R. All school related functions will have priority for use of the building.
- S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.
- T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.
- U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.
- W. The District may waive or modify any of the rules for use of school facilities.

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

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

Signature of Representative of Requesting Organization

Date

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 6/7/2023  
(Building Principal's Signature)

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

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: \_\_\_\_\_ Date 3/9/2023  
(Assistant Superintendent for Support Services)

Disapproved: \_\_\_\_\_ Date \_\_\_\_\_  
(Assistant Superintendent for Support Services)

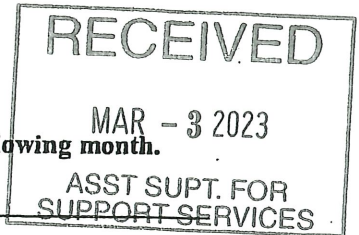
Approval/Disapproval Forwarded To:

\_\_\_\_\_  
Assistant Superintendent for Educational Services

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



WALLKILL 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 University Football
- Date of Request 2/27
- Person Making Request Joe Miller
- Are you a Wallkill Central School District Resident? Yes ☒ No ☐
- Staff Member in Charge (If Applicable, See Attached Form) Joe Miller
- Daytime Telephone Number (845) 522-2463
- Address 101 Town View Drive, Wallkill, NY, 12590
- Building/Facilities Requested High School Turf
- Description of Activity Youth Camp
- 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 Tshirts/Food for campers
- Date(s) 6/14 Time(s) 5:00 - 6:30 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

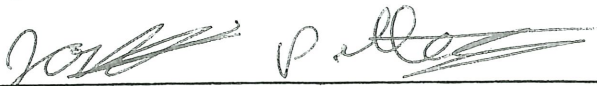
- A. Board of Education approval is necessary for all athletic related and profit making activities.
- B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.
- In the event of an austerity budget, or if custodians are not on duty, fees 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 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.
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- 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

 2/27/2027  
Date

FOR BUILDING USE ONLY

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

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

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

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

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

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

Approved: \_\_\_\_\_

(Building Principal's Signature)

Date

3/2/2023

Disapproved: \_\_\_\_\_

(Building Principal's Signature)

Date

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: \_\_\_\_\_

(Assistant Superintendent for Support Services)

Date

3/6/2023

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 FOOTBALL**

## **YOUTH CAMP**

**Wednesday, June 14th, 2023**

**5:00-6:30PM**

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

Camp will run from 5:00-6:30PM on Wednesday, June 14th, 2023 at the Robinson Field Turf Complex on the grounds of Wallkill Senior High School. Cost of camp is \$30. Each camper will receive a T-Shirt and food after camp!

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

If you have any questions, please contact Joe Pillitteri at [jpillitteri@wallkillcsd.k12.ny.us](mailto:jpillitteri@wallkillcsd.k12.ny.us)

Please fill out the permission slip below and return it to the Wallkill Athletic Department at the High School by JUNE 6th

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

---

My child, \_\_\_\_\_, will be attending the Wallkill Football Youth Camp on Wednesday, June 15<sup>th</sup>. I will be staying to watch and/or picking him/her up at 7:00PM.

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

T-Shirt Size:	Youth:	S	M	L	XL	
	Adult:	S	M	L	XL	2XL

Please make checks Payable to "**WCSD/Varsity Club**" (Cash is fine as well)

All registrations slips should be returned to the Wallkill Athletic Department at the High School by June 6th.