

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 Funky Panda Wrestling Club

Date of Request 10/19/23

Person Making Request Anthony Ng

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

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

Daytime Telephone Number 914-799-5888

Address 38 Towner Rd. Monticello, NY 12701

Building/Facilities Requested HS gym

Description of Activity Wrestling practice / 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 donations can be made to Wallkill Varsity Club
through Bill Earl or Karoline Badner

Date(s) 12/21 11/14 - 3/28 21 Time(s) 6-9 pm
(Tue & Thu) not 12/26 & 28

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? N/A

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.

* Note:

although it was submitted on 10/19/23

to a letter of the H. Ng was missing items requested by the athletic Director in order to approve.

Please see attachment

- 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 Attachment).
- 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

10/19/23

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 11/9/2023
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved:  Date 12/12/2007
(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 3rd Thursday of the following month.

I.

Name of Organization <u>Section IX BCANY</u>	<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="margin-top: 10px;">NOV 30 2023</div> <div style="margin-top: 10px; font-size: 0.8em;">ASST. Supt. FOR SUPPORT SERVICES</div>
Date of Request <u>11/28</u>	
Person Making Request <u>AJ Higby</u>	
Are you a Wallkill Central School District Resident? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	
Staff Member in Charge (If Applicable, See Attached Form) <u>AJ Higby</u>	
Daytime Telephone Number <u>845 399 1921</u>	
Address <u>WHS</u>	
Building/Facilities Requested <u>WHS Gym + 100A, 100B, 100</u>	
Description of Activity <u>MHAL vs OCIAA Coaches vs Cancer Tour</u>	
Are the Majority of the Participants Wallkill Central School District Residents? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input checked="" type="checkbox"/>	
Will Admission, Fees be Charged or Donations Accepted? <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	
If Yes, Specify Community Benefit <u>Promote Girls Basketball</u>	
Date(s) <u>1/6/24</u> Time(s) <u>9:00 AM - 8:00 PM</u>	

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?

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.

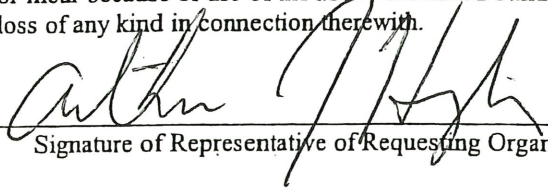
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but no later than 10:30 P.M.

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- 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

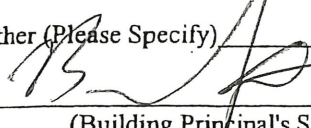

Building Custodian Contacted

Director of School Lunch Program Contacted

Athletic Director Contacted

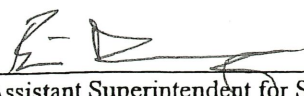
Sent to District Office for Board Approval

Other (Please Specify)

Approved:  Date 11/29/23
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved:  Date 11/30/2023
(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



BASKCOA-01

LGEORGE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/5/2023

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 Loomis & LaPann, Inc. 518-792-6561 228 Glen Street, PO Box 2158 Glens Falls, NY 12801		CONTACT Lori George PHONE (A/C, No, Ext): (518) 792-6561 FAX (A/C, No): (518) 792-3426 E-MAIL ADDRESS: lgeorge@loomislapann.com		
INSURED BCANY Basketball Coaches Association of New York, Inc. 524 Dickson Street Endicott, NY 13760		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 :				

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 OTHER:			HDGL003701064	6/1/2023	6/1/2024	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE (Per accident)	\$							
	\$							
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
							PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
								\$
								\$
								\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SRG9159940	6/1/2023	6/1/2024	Medical	\$ 25,000

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

EVENT NAME: BCANY Events

EVENT DATE: June 26-27, July 24-27, 2023

EVENT LOCATION: Wallkill High School

CERTIFICATE HOLDER

CANCELLATION

Wallkill High School
90 Robinson Dr.
Wallkill, 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

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

NOV 30 2023

ASST. Supt. FOR
SUPPORT SERVICES

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

I.

Name of Organization Girls Basket ball

Date of Request 11/27

Person Making Request AJ Higby / Chelsea Murphy

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

Staff Member in Charge (If Applicable, See Attached Form) AJ Higby / Chelsea Murphy

Daytime Telephone Number 845 399 1921

Address WHS

Building/Facilities Requested HS Gym

Description of Activity Girls Basketball 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 Promote Girls Basketball

Date(s) 1/8, 15, 22 Time(s) 6-7:30

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? on File

III.

RULES FOR USE OF SCHOOL FACILITIES

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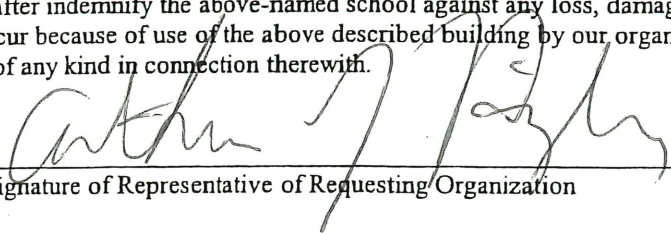
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Signature of Representative of Requesting Organization

11/27/23
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: Date 11/29/23
 (Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: Date 12/11/2023
 (Assistant Superintendent for Support Services)

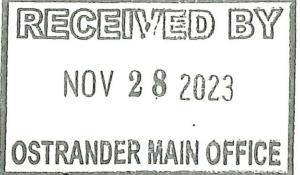
Disapproved: _____ Date _____
 (Assistant Superintendent for Support Services)

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 3rd Thursday of the following month.

I.

Name of Organization Wallkill Varsity Gymnastics

Date of Request 11/29

Person Making Request Roberta Pineda / Rachel Rivera
Coaches

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

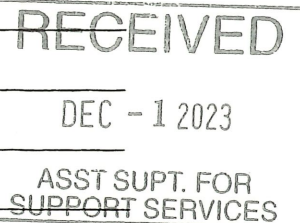
Staff Member in Charge (If Applicable, See Attached Form) Roberta & Rachel

Daytime Telephone Number 845-895-7152

Address UHS

Building/Facilities Requested Ostrander Gym

Description of Activity Gymnastics Clinics



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 Promote Gymnastics

Date(s) January 23 & 24 Time(s) 5:00 - 8:00 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? on file

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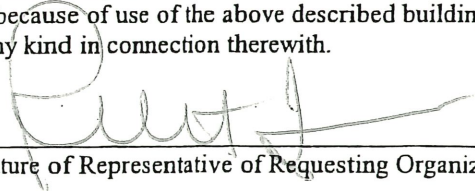
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Signature of Representative of Requesting Organization

11/29/23
Date

FOR BUILDING USE ONLY

_____ Director of Operational Services Contacted

_____ Building Custodian Contacted

_____ Director of School Lunch Program Contacted

Bral _____ Athletic Director Contacted

_____ Sent to District Office for Board Approval

_____ Other (Please Specify) _____

Approved: _____

(Building Principal's Signature)

Date

11/28/23

Disapproved: _____

(Building Principal's Signature)

Date _____

FOR DISTRICT OFFICE USE ONLY

Approved: _____

(Assistant Superintendent for Support Services)

Date

12/1/2023

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