

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 Travel Baseball & Softball Inc. (Wallkill Panthers Travel Baseball)

Date of Request 8/3/2025

Person Making Request Katherine Usewicz

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

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

Daytime Telephone Number 845-220-8366

Address 24 Roosa Road, Wallkill, NY 12589

Building/Facilities Requested High school baseball fields

Description of Activity 14U travel baseball

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) Saturdays or Sundays (8/23/25-11/1/25, 8/6/25) Time(s) TBD

RECEIVED

AUG 05 2025

ASST SUPT. FOR
SUPPORT SERVICES

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? \$1,000,000.00

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

8/3/2025

Date

FOR BUILDING USE ONLY

_____ Director of Operational Services Contacted

_____ Building Custodian Contacted

_____ Director of School Lunch Program Contacted

_____ Athletic Director Contacted

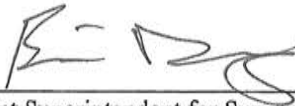
_____ Sent to District Office for Board Approval

_____ Other (Please Specify) _____

Approved:  Date 8/5/2025
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved:  Date 8/7/2025
(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



8/5/25



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/03/2025

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 Terry L. Green & Associates, Inc. 3100 Five Forks Trickum Rd Suite 101 Lilburn, GA 30047	CONTACT NAME:	
	PHONE (A/C, No, Ext): 1-800-550-5029	FAX (A/C, No): 770-978-2780
	E-MAIL ADDRESS: info@esportsinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Fortegra Specialty Insurance Company	# 16823
	INSURER B: Starr Indemnity & Liability Co	# 38318
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

INSURED

Wallkill Panthers Travel Baseball
24 Roosa Road
Wallkill, NY 12589

COVERAGES **CERTIFICATE NUMBER:** F5BLNY036760-5 **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	☒ COMMERCIAL GENERAL LIABILITY	X		KSG1000001-02-A15374	03/18/2025 12:01 AM	03/18/2026 12:01 AM	EACH OCCURRENCE	\$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COM/OP AGG	\$ 1,000,000
							LEGAL LIAB TO PARTICIPANTS	\$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
A	AUTOMOBILE LIABILITY			KSG1000001-02-A15374	03/18/2025 12:01 AM	03/18/2026 12:01 AM	PROPERTY DAMAGE (Per accident)	\$
	☐ ANY AUTO OWNED AUTOS ONLY	☐ SCHEDULED AUTOS						\$
	☒ HIRED AUTOS ONLY	☒ NON-OWNED AUTOS ONLY						\$
	☒ Not provided while in Hawaii							\$
	UMBRELLA LIAB	☐ OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	☐ CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☐ Y ☐ N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$	
B	Accident/Medical Coverage			BAP-893559	03/18/2025 12:01 AM	03/18/2026 12:01 AM	EXCESS MEDICAL	\$ 25,000

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

Legal Liability to Participants (LLP) limit is a per occurrence limit

Sport: Baseball

Age Group: 13-15

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

Membership ID: F5BLNY036760

CERTIFICATE HOLDER

CANCELLATION

Wallkill Central School District
1500 Route 208

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

Terry L. Green

WALKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

AUG 05 2025

ASST SUPT. FOR
SUPPORT SERVICES

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

I. Name of Organization Young Mens Christian Organization
Date of Request 7-23-2025
Person Making Request Shauna Best
Are you a Walkill Central School District Resident? Yes ☒ Yes ☐ No
Staff Member in Charge (If Applicable, See Attached Form) Shauna Best
Daytime Telephone Number 845-645-9976
Address 6 Liberty St. MDTN NY 10940
Building/Facilities Requested Plattekill Elem. School
Description of Activity Before/After School
Are the Majority of the Participants Walkill Central School District Residents?
☒ Yes ☐ No
Will Admission, Fees be Charged or Donations Accepted? ☒ Yes ☐ No
If Yes, Specify Community Benefit _____
Date(s) 9/3/25 - 6/25/26 m-f Time(s) 7:00A-8:30A + 3:00P-6:00P

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 Walkill 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.)

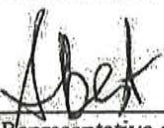
- A. Board of Education approval is necessary for all athletic related and profit-making activities.
- B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

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.
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- Q. The approval for use of school facilities is revocable at any time without notice.
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All school buildings have a map designating fire exits. Please request a map from the office.

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Signature of Representative of Requesting Organization


Date

FOR BUILDING USE ONLY

Director of Operational Services Contacted

Building Custodian Contacted

Director of School Lunch Program Contacted

Athletic Director Contacted

Sent to District Office for Board Approval

Other (Please Specify)

Approved: _____
(Building Principal's Signature)

Date 8/6/25

Disapproved: _____
(Building Principal's Signature)

Date _____

FOR DISTRICT OFFICE USE ONLY

Approved: _____
(Assistant Superintendent for Support Services)

Date 8/11/2024

Disapproved: _____
(Assistant Superintendent for Support Services)

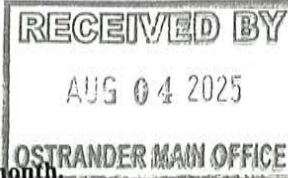
Date _____

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 3rd Thursday of the following month.

I. Name of Organization YMCA
Date of Request 7-23-2025
Person Making Request Shauna Best
Are you a Wallkill Central School District Resident? Yes ☒ No
Staff Member in Charge (If Applicable, See Attached Form) Shauna Best
Daytime Telephone Number 845-645-9976
Address 6 Liberty St. mdt n y 10940
Building/Facilities Requested Ostrander Elem. School
Description of Activity Before/After School M-F
Are the Majority of the Participants Wallkill Central School District Residents? Am: 7:00-8:30
☒ Yes No Pm: 3:00-6:00
Will Admission, Fees be Charged or Donations Accepted? ☒ Yes No
If Yes, Specify Community Benefit _____
Date(s) 9/3/25-6/25/26 Time(s) _____

II. INSURANCE INFORMATION

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

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

If yes, what are the limits of liability? _____

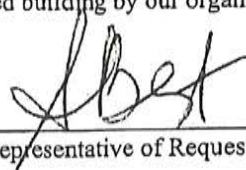
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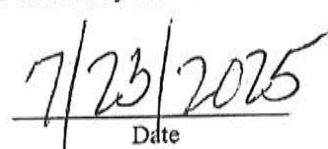
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Signature of Representative of Requesting Organization



Date

FOR BUILDING USE ONLY

_____ Director of Operational Services Contacted

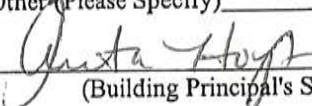
_____ Building Custodian Contacted

_____ Director of School Lunch Program Contacted

_____ Athletic Director Contacted

_____ Sent to District Office for Board Approval

_____ Other (Please Specify) _____

Approved:  Date 8/7/2025
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved:  Date 8/11/2025
(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
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AUG 07 2025

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SUPPORT SERVICES

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- Date of Request 7-23-2025
- Person Making Request Shauna Best
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☒ Yes ☐ No
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- If Yes, Specify Community Benefit _____
- Date(s) 9/3/25 - 6/25/26 m-F Time(s) 7:00A-8:30A & 3:00P-6:00P

II. INSURANCE INFORMATION

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Signature of Representative of Requesting Organization

7-23-25

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 8/7/25
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date 8/11/2025
(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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2025

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PRODUCER SterlingRisk 135 Crossways Park Drive P.O. Box 9017 Woodbury NY 11797	CONTACT NAME: PHONE (A/C, No, Ext): 800-767-7837 E-MAIL: request@sterlingrisk.com ADDRESS: FAX (A/C, No): 516-487-0372
INSURED YMCA of Middletown 81 Highland Avenue Middletown NY 10940	INSURER(S) AFFORDING COVERAGE INSURER A: Church Mutual Insurance Company INSURER B: Hartford Fire Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
License#: BR-1418528 YMCAOFM-02	NAIC # 18767 19682

COVERAGES

CERTIFICATE NUMBER: 1944132161

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC OTHER:	Y		0427999-02-907226	6/27/2025	6/27/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Abuse & Molestation \$ \$1,000,000
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY	Y		0427999 09-907235	6/27/2025	6/27/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp & Coll. Ded. \$ \$1,000
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION \$ 10,000	Y		0427999-81-907227	6/27/2025	6/27/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	☒ 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/A	12WEBG8Y4K	6/27/2025	6/27/2026	PER-STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Re: Club Kid - Before/After School Program

Wallkill Central School District and Leptondale Elementary School, 48 Mill Street, Wallkill, NY 12589 are included as additional insured per the policy terms and conditions.

CERTIFICATE HOLDER**CANCELLATION**

Wallkill Central School District
Leptondale Elementary
PO Box 310
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

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WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

JUL - 9 2025

ASST SUPT. FOR
SUPPORT SERVICES

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

- I. Name of Organization Mens Over 30 Basketball
Date of Request July 6, 2025
Person Making Request Grant Grabowiecki
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
Staff Member in Charge (If Applicable, See Attached Form) _____
Daytime Telephone Number 845-629-8181
Address 3057 RT 208 Wallkill NY 12589
Building/Facilities Requested John Borden Middle School
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) 9/8/2025-6/1/2026 Time(s) 6:00-9:30

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? _____

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.

Grant Grubowicki

Signature of Representative of Requesting Organization

7/6/2025

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: 7/8/25

Disapproved: _____
(Building Principal's Signature)

Date: _____

FOR DISTRICT OFFICE USE ONLY

Approved: _____
(Assistant Superintendent for Support Services)

Date: 7/9/2025

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 3rd Thursday of the following month.

I.

Name of Organization Girls on the Run Hudson Valley
Date of Request 6-16-25
Person Making Request Erin Santorelli Loreta Djurasevic
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
Staff Member in Charge (If Applicable, See Attached Form) Erin Santorelli Loreta Djurasevic
Daytime Telephone Number 845-417-4456 (c) 845-895-7250 x5600
Address 28 Country Pond Lane Modena, NY 12548
Building/Facilities Requested Plattekill Elem. Gym
Description of Activity Running Team
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 Social Emotional Curriculum and Physical
Date(s) TUES + THURS. 9/16 - 11/13 Time(s) 3:15 - 4:45
Fitness for
Grns Gr. 3-6

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.)

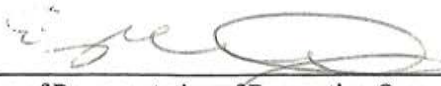
- A. Board of Education approval is necessary for all athletic related and profit-making activities.
- B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

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 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

Erin Santorelly

7-17-25
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: W. J. D. [Signature]
(Building Principal's Signature)

Date 7/15/25

Disapproved: _____
(Building Principal's Signature)

Date _____

FOR DISTRICT OFFICE USE ONLY

Approved: E. D. [Signature]
(Assistant Superintendent for Support Services)

Date 8/14/2025

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

DATE (MM/DD/YYYY)

1/31/2025

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
Palmer & Cay LLC
6525 Carnegie Boulevard
Suite 430
Charlotte NC 28211

CONTACT NAME: Sharon Holland

PHONE (A/C, No, Ext): 704-951-5160

FAX (A/C, No):

E-MAIL ADDRESS: Sharon.holland@palmerandcay.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Philadelphia Insurance Companies

18058

INSURER B: Philadelphia Indemnity Insurance Company

18058

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
Girls on the Run Hudson Valley
815 Blooming Grove Tpk #401
New Windsor NY 12553

GIRLONT-95

COVERAGES

* CERTIFICATE NUMBER: 263659677

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Abuse/Molest GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		PHPK2647396	2/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		PHPK2647396	2/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$		PHUB897838	2/1/2025	7/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE 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 additional insured as respects to general liability for the operations of the insured when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Wallkill Central School District
19 Main St.
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

Sharon Holland

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WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES



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

- I. Name of Organization WALKILL Youth Lacrosse
Date of Request 7/31/2025
Person Making Request FRANK CROCE
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
Staff Member in Charge (If Applicable, See Attached Form) SELF
Daytime Telephone Number 845-978-8713
Address 611 Hoagburgh RD WALKILL NY 12588
Building/Facilities Requested Middle School Gym
Description of Activity LACROSSE 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 _____
Date(s) SEE Attached Time(s) 6-9 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

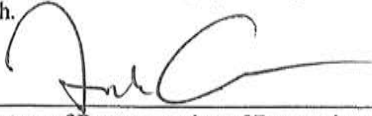
III. RULES FOR USE OF SCHOOL FACILITIES (Please note: WiFi access will not be provided.)

- 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.
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- 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.
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- 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.
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- 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

7/21/2025
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 _____

7/31/25

Disapproved: _____

(Building Principal's Signature)

Date _____

FOR DISTRICT OFFICE USE ONLY

Approved: _____

(Assistant Superintendent for Support Services)

Date _____

8/7/2025

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

Tuesday Walkill Youth Clinic

11/18

2/3

2/10

12/2

2/17

12/9

2/24

1/6

3/3

1/13

3/10

1/20

~~3/17~~

1/27