

RECEIVED

DEC - 3 2025

ASST SUPT. FOR
SUPPORT SERVICES

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 Youth Basketball

Date of Request 12/1/25

Person Making Request Hunter Andrews

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

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

Daytime Telephone Number 845-913-5106

Address 30 Brook Edge Lane Wallkill, NY 12589

Building/Facilities Requested Leptondale Elementary School Gym

Description of Activity Youth Basketball Practice

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) 1/5, 1/6, 1/8, 1/12, 1/13, 1/15, 1/19, 1/20
1/22, 1/26, 1/27, 1/29, 2/2, 2/9, 2/23 Time(s) 6:00 - 9:00 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 (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.

Shirley Anderson

Signature of Representative of Requesting Organization

12/1/25

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 12/1/25
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date 12/5/2025
(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)
11/14/2025

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 Chappell Insurance 4335 Cox Rd, Ste 4335 Glen Allen, VA, 23060		CONTACT NAME: Daryl Chappell	
		PHONE (A/C, No. Ext): 804-733-2020	FAX (A/C, No): 804-591-1603
		E-MAIL ADDRESS: support@chappellinsurance.com	
INSURED Panthers 3 grandview ter Wallkill, NY 12589		INSURER(S) AFFORDING COVERAGE	
		INSURER A: SirlusPoint America Insurance Company	NAIC # 38776
		INSURER B: Axis Insurance Company	37273
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
(1)Team Name(s): Panthers Age Group: 12U			

COVERAGES CERTIFICATE NUMBER: MP-BK-801S-000148 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		PLH03GL00000253	08/01/2025 12:01 AM	08/01/2026 12:01 AM	EACH OCCURRENCE \$ 2,000,000	
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
	☒ SAM - \$1 million/\$2 million						MED EXP (Any one person) \$	
	☒ See Addendum						PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 5,000,000	
	☐ POLICY ☐ PROJECT ☐ LOC						PRODUCTS-COMP/OP AGG \$ 2,000,000	
	☒ OTHER:						Participant Legal Liability \$ 1,000,000	
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE \$	
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$	
	DED ☐ RETENTION						\$	
B	PARTICIPANT ACCIDENT			SRPO188416-00	08/01/2025 12:01 AM	08/01/2026 12:01 AM	EXCESS MEDICAL \$ 100,000	
							DEDUCTIBLE \$ 500.00	

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

The certificate holder listed below is an additional insured with respect to the operations of the named insured. This insurance covers one (1) team only with maximum of 15 players per team for Basketball.

Page 1 of 2

Coverage Effective From 09:21 AM on 11/14/2025 TO 08/01/2026

CERTIFICATE HOLDER

Wallkill Central Scholl District
1500 Route 208
Wallkill, NY 12589

Certificate Number: MP-BK-801S-000148

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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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Notice to Texas Insureds: The insurer for the purchasing group may not be covered by an insurance insolvency guarantee fund or similar mechanism and the insurer of the group is not subject to all the insurance laws and regulations of this state.

AGENCY CUSTOMER ID: _____
LOC # _____

ACORD_{TM}

ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Chappell Insurance Agency, Inc.		NAMED INSURED Panthers 3 grandview ter Wallkill, NY 12589	
POLICY NUMBER GL PLH03GL00000253			
CARRIER SEE ACORD 25	NAIC CODE	EFFECTIVE DATE: SEE ACORD 25	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Certificate Number MP-BK-801S-000148

SEXUAL ABUSE/MOLESTATION
\$1,000,000 PER OCCURRENCE
\$2,000,000 AGGREGATE

WITH RESPECTS TO SEXUAL ABUSE/MOLESTATION COVERAGE PROVIDED UNDER THIS POLICY, IT IS AGREED THAT NO COVERAGE APPLIES TO MEMBER TEAMS, LEAGUES, DIRECTORS, OR AFFILIATES THAT DO NOT MEET THE FOLLOWING CRITERIA:

1. SYSTEM IN PLACE TO PERFORM AND RUNNING CRIMINAL BACKGROUND CHECKS ON PAID STAFF AND VOLUNTEERS
2. HAVE WRITTEN PROCEDURES THAT INCLUDE SEXUAL ABUSE AND MOLESTATION PREVENTION
3. HAVE WRITTEN PROCEDURES THAT INCLUDE A RESPONSE PLAN FOR ALLEGATIONS OF SEXUAL ABUSE AND MOLESTATION. THE PLAN MUST SPECIFY THAT LAW ENFORCEMENT IS TO BE CONTACTED IN THE EVENT OF AN ALLEGATION

Sexual Abuse Molestation coverage effective from 09:21 AM on 11/14/2025 TO 08/01/2026

Date Issued: 11/14/2025

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 Girls Basketball

Date of Request 12/3/25

Person Making Request Chelsea Coen

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

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

Daytime Telephone Number 845-926-6805

Address 12 Truman Ct, Wallkill NY 12589

Building/Facilities Requested Wallkill HS Gymnasium

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 Grow interest in girls basketball

Date(s) 1/7, 1/8, 1/14, 1/15 Time(s) 5:30-7pm

RECEIVED

DEC - 9 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? _____

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.

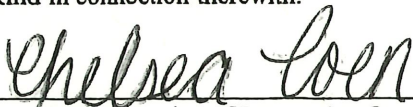
F. The facilities must be vacated by the time indicated on the approved request form

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

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



Signature of Representative of Requesting Organization



Date

FOR BUILDING USE ONLY

Director of Operational Services Contacted

Yes _____
Building Custodian Contacted

Director of School Lunch Program Contacted

Athletic Director Contacted

Sent to District Office for Board Approval

Other (Please Specify)

Approved: Alp _____ Date 12/5/25
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: EDG _____ Date 12/5/2025
(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
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 Varsity Gymnastics. WSHS.
Date of Request 11/17/25
Person Making Request Roberta Tejeda
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
Staff Member in Charge (If Applicable, See Attached Form) _____
Daytime Telephone Number 845-895-7152
Address _____
Building/Facilities Requested Ostrander gymnasium.
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 Varsity Gymnastics.

Date(s) January 21, 22 & 23. ^{Snow date} Time(s) 3pm - 8³⁰pm. ^{includes setup time.}

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.

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E. Functions shall be non-exclusive and open to the general public.

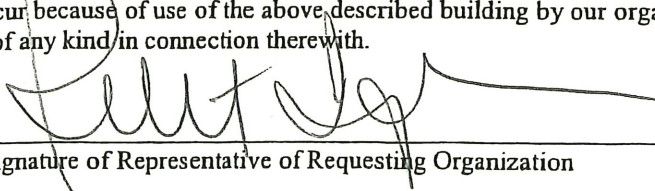
F. The facilities must be vacated by the time indicated on the approved request form

but no later than 10:30 P.M.

- G. No smoking is allowed on school property.
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- Q. The approval for use of school facilities is revocable at any time without notice.
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- 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.
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All school buildings have a map designating fire exits. Please request a map from the office.

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


Signature of Representative of Requesting Organization


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 11/18/2025
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date 11/24/2025
(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
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 Football
Date of Request 11/24
Person Making Request Joe Pillitteri
Are you a Wallkill Central School District Resident? Yes ☒ No ☐
Staff Member in Charge (If Applicable, See Attached Form) Joe Pillitteri
Daytime Telephone Number (845) 522-2463
Address 27 Sulu Drive Highland, NY 12528
Building/Facilities Requested HS Track / Grass practice field
Description of Activity Big Blue 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 Food for athletes / t-shirts
Date(s) June 11, 12, 13, 15 Time(s) 2:30-5:30 PM
(9:00-11:30 AM 6/13)

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

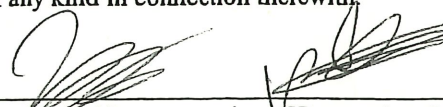
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Signature of Representative of Requesting Organization

11/24/25

Date

FOR BUILDING USE ONLY

Director of Operational Services Contacted

W_____
Building Custodian Contacted

Director of School Lunch Program Contacted

Athletic Director Contacted

Sent to District Office for Board Approval

Other (Please Specify)

Approved: Alyssa_____
(Building Principal's Signature) Date 11/25/25

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

FOR DISTRICT OFFICE USE ONLY

Approved: RDS_____
(Assistant Superintendent for Support Services) Date 12/4/2025

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