

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

JAN 13 2026

ASST SUPT. FOR
SUPPORT SERVICES

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 12/28/25
Person Making Request Kayla Pillitteri
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
Staff Member in Charge (If Applicable, See Attached Form) _____
Daytime Telephone Number (845) 527-6877
Address 3 Grandview Terrace, Wallkill NY 12589
Building/Facilities Requested Any available gym or combining of gyms to hopefully equal 3-4 practice sessions/wk
Description of Activity 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) February 1st - March 31 Wednesdays Time(s) 6pm-8pm 5:30-7:00p

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 Wallkill Central School District as an additional insured)
☐ No

If yes, what are the limits of liability? 1,000,000

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

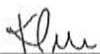
- A. Organizations using District facilities will be required to follow all safety and health protocols required by state and local guidance, as well as the District's Reopening Plan.
- B. Board of Education approval is necessary for all athletic related and profit-making activities.
- C. A custodian 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

1/28/25

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: _____

(Building Principal's Signature)

Date

1/12/26

Disapproved: _____

(Building Principal's Signature)

Date _____

FOR DISTRICT OFFICE USE ONLY

Approved: _____

(Assistant Superintendent for Support Services)

Date

1/13/2025

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)
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 Walkkill, NY 12589 (1)Team Name(s): Panthers Age Group: 12U		INSURER(S) AFFORDING COVERAGE INSURER A: SiriusPoint America Insurance Company NAIC # 38776 INSURER B: Axis Insurance Company 37273 INSURER C: INSURER D: INSURER E: INSURER F:	

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

Walkkill Central Scholl District
1500 Route 208
Walkkill, 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

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 06/01/2026

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 Youth Lacrosse

Date of Request 12/17/2025

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 Hoagrburgh Rd Wallkill NY 12589

Building/Facilities Requested Turf / Don Andrews Field Use

Description of Activity Lacrosse Practices and Games

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) Mon, Wed, Fri + Sat Time(s) M, W, F 5-8pm / Sat 8am - 1pm
March 2nd - May 30th (Games)

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.

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D. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

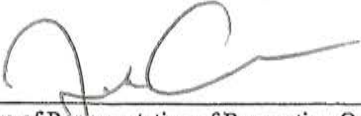
E. Police protection must be arranged for any event when it is deemed necessary by the school administration.

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.
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- 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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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

12/17/2025

Date

FOR BUILDING USE ONLY

Director of Operational Services Contacted

KEV _____
Building Custodian Contacted

Director of School Lunch Program Contacted

NH _____
Athletic Director Contacted

Sent to District Office for Board Approval

Other (Please Specify) _____

Approved: Aling _____ Date 12/22/2025
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: EDG _____ Date 1/16/2026
(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

Page 1 of 2

DATE (MM/DD/YYYY)
01/15/2026

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PRODUCER Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: WTW Certificate Center PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@wtwco.com														
INSURED US Lacrosse, Inc. dba USA Lacrosse 2 Loveton Circle Sparks Glencoe, MD 21152	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Pennsylvania Manufacturers' Association In</td><td>12262</td></tr><tr><td>INSURER B: Pennsylvania Manufacturers Indemnity Compa</td><td>41424</td></tr><tr><td>INSURER C: National Union Fire Ins Co of Pittsburgh</td><td>19445</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Pennsylvania Manufacturers' Association In	12262	INSURER B: Pennsylvania Manufacturers Indemnity Compa	41424	INSURER C: National Union Fire Ins Co of Pittsburgh	19445	INSURER D:		INSURER E:		INSURER F:	
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INSURER C: National Union Fire Ins Co of Pittsburgh	19445														
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** W43681273**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	Y		302601-14-25-36-2	01/01/2026	01/01/2027	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:							GENERAL AGGREGATE \$ 5,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
B	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			602601-14-25-36-2	01/01/2026	01/01/2027	COMBINED SINGLE LIMIT (Ea accident) \$
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$							EACH OCCURRENCE \$ 5,000,000
							AGGREGATE \$ 5,000,000
A	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		302601-14-25-36-2	01/01/2026	01/01/2027	PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						
General Liability Abuse and Molestation							Aggregate: \$2,000,000 Per Occurrence \$1,000,000

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

Re: Team or League Requiring 100% Membership for players and coach members

Liability coverage under this policy extends to US Lacrosse Inc. aligned and approved events involving the US Lacrosse National Teams, leagues, camps, clinics, tournaments and officials and coaches associations provided that they follow 100% registered member guidelines set forth by US Lacrosse Inc., and/or events approved by US Lacrosse, Inc.

SEE ATTACHED

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 
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WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

DEC - 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 NYS AHPERD Catskill Zone

Date of Request 12/9/25

Person Making Request Leo Sladewski

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

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

Daytime Telephone Number 845 245 7471

Address Wallkill PE teacher

Building/Facilities Requested HS. Auditorium and HS Cafeteria

Description of Activity Catskill Zone Physical Education Student Award ceremony

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) 5/2/26 Time(s) 7:30 Am to 11:30 Am

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 million (certificate will follow)

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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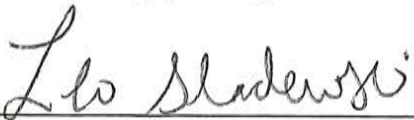
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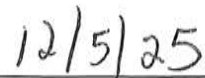
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Signature of Representative of Requesting Organization



Date

FOR BUILDING USE ONLY

Director of Operational Services Contacted

Kia _____
Building Custodian Contacted

Director of School Lunch Program Contacted

Athletic Director Contacted

Sent to District Office for Board Approval

Other (Please Specify) _____

Approved: Alyssa _____ Date 12/8/2025
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: EDS _____ Date 12/9/2025
(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



NYSASSO-02

POOJAKUMARIRAJ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/16/2026

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 NFP Property & Casualty Services, Inc. 159 Wolf Road Suite 200 Albany, NY 12205		CONTACT NAME: Matthew Chamberlin PHONE (A/C, No, Ext): (802) 217-2409 E-MAIL ADDRESS: Matt.Chamberlin@nfp.com FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Hartford Casualty Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
NYS Association for Health Physical Education, Recreation, & Dance, Inc.
77 North Ann Street
Little Falls, NY 13365

NAIC #

29424

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			01SBAGC8654	11/28/2025	11/28/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			01SBAGC8654	11/28/2025	11/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			01SBAGC8654	11/28/2025	11/28/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		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)
Re: Event: Catskill Zone Student Leadership Awards | Event Date: May 2, 2026

CERTIFICATE HOLDER

Wallkill High School
90 Robinson Drive
Wallkill, NY 12589

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

JAN - 6 2026

ASST SUPT. FOR
SUPPORT SERVICES

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

I. Name of Organization Wallkill Track Club
Date of Request 1/5/26
Person Making Request Gravelle
Are you a Wallkill Central School District Resident? X Yes No
Staff Member in Charge (If Applicable, See Attached Form) Jen Gravelle
Daytime Telephone Number 607-423-0333
Address PO Box 84 Pine Bush, NY 12566
Building/Facilities Requested track + field
Description of Activity track + field club
Are the Majority of the Participants Wallkill Central School District Residents?
X Yes No
Will Admission, Fees be Charged or Donations Accepted? X Yes No
If Yes, Specify Community Benefit Varsity, track fundraiser
Date(s) 6/8, 6/10, 6/11, 6/15 + 6/16 Time(s) 5-6:30 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)
X No

If yes, what are the limits of liability? _____

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

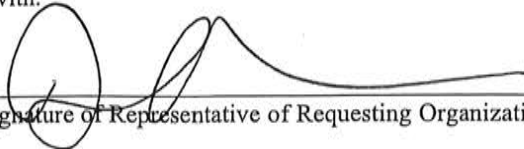
- A. Organizations using District facilities will be required to follow all safety and health protocols required by state and local guidance, as well as the District's Reopening Plan.
- B. Board of Education approval is necessary for all athletic related and profit-making activities.
- C. A custodian 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.

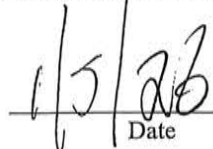
- G. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.
- H. No smoking is allowed on school property.
- I. No one is allowed in areas other than those authorized.
- J. No drinking of alcoholic beverages, use of drugs, fighting, abusive language 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.



Signature of Representative of Requesting Organization



Date

FOR BUILDING USE ONLY

_____ Director of Operational Services Contacted

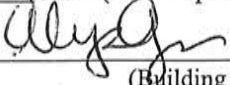
KCR _____ Building Custodian Contacted

_____ Director of School Lunch Program Contacted

NH _____ Athletic Director Contacted

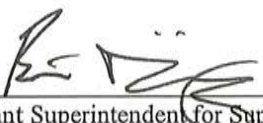
_____ Sent to District Office for Board Approval

_____ Other (Please Specify) _____

Approved:  Date 1/5/2026
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved:  Date 1/7/2026
(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