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.

RECEIVED
OCT 20 2026
ASST SUPT. FOR SUPPORT SERVICES

I. Name of Organization Panthers Youth Basketball

Date of Request 10/19/26

Person Making Request Kayla Pillitteri

Are you a Wallkill Central School District Resident? [X] Yes [ ] No

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

Daytime Telephone Number 845-527-6877

Address 3 Grandview Ter Wallkill

Building/Facilities Requested Leptondale _____

Description of Activity Boys basketball 5th/6th grade

Are the Majority of the Participants Wallkill Central School District Residents?
[X] Yes [ ] No

Will Admission, Fees be Charged or Donations Accepted? [ ] Yes [X] No

If Yes, Specify Community Benefit _____

Date(s) 12/1/26 - 1/28/27 Tues & Thurs Time(s) 6:00-9:00

II. INSURANCE INFORMATION

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

[X] 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

10/18/26
Date

Revised 1/16/2026

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 10/24/26
(Building Principal's Signature)

Disapproved:_____ Date_____
(Building Principal's Signature)

* * * *

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/29/2026

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		
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	INSURER(S) AFFORDING COVERAGE	NAIC #
Panthers Basketball 3 grandview ter Wallkill, NY 12589 (1)Team Name(s): Panthers Basketball Age Group: 15U	INSURER A: SiriusPoint America Insurance Company	38776
	INSURER B: Axis Insurance Company	37273
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: MP-BK-801-000169 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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PROJECT [ ] LOC X OTHER:	X		PLH04GL00000252	08/01/2026 12:01 AM	08/01/2027 12:01 AM	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 5,000,000
							PRODUCTS-COMP/OP AGG	$ 2,000,000
							Participant Legal Liability	$ 1,000,000
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	PARTICIPANT ACCIDENT			SRPO188416-01	08/01/2026 12:01 AM	08/01/2027 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.

Coverage Effective From 09:54 PM on 10/29/2026 TO 08/01/2027 12:01 AM

CERTIFICATE HOLDER	CANCELLATION
Wallkill Central School District 1500 Route 208 Wallkill, NY 12589 Certificate Number: MP-BK-801-000169	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 Daryl Chappell

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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.

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 Area Little League

Date of Request 11/10/2026

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

Building/Facilities Requested Baseball fields at Viola & Commercial Way

Description of Activity Little league baseball & softball

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 Little League baseball & softball program

Date(s) March 1, 2027 – June 30, 2027 Time(s) Weekdays 4pm-dusk/weekends 6pm-8pm

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/$2,000,000

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

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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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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.

Katherine Usewicz — 11/10/26

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_____
(Building Principal's Signature)

Disapproved:_____Date_____
(Building Principal's Signature)

* *

FOR DISTRICT OFFICE USE ONLY

Approved:_____Date 11/10/2026
(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 INSURANCE

DATE (MM/DD/YY): 11/23/25

PRODUCER

Keystone Risk Managers, LLC
1215 Manor Drive, Suite 208
Mechanicsburg, PA 17055

CERTIFICATE #: 2321915-2026-1 2 32 19

INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED:

WALLKILL AREA LL
324 Plattekill Ardonia Rd
Wallkill, NY, NY 12589

INSURER A:	**Interstate Fire & Casualty Company**
INSURER B: (Non-Liability)	**National Union Fire Insurance Company of Pittsburgh, PA**
INSURER C:	**AIG Specialty Insurance Company**
INSURER D:	**Markel American Insurance Company**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
* SUBJECT TO $5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&O POLICY.
** SUBJECT TO $5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	**GENERAL LIABILITY**	UST030987260	01/01/2026	01/01/2027	EACH OCCURRENCE	$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	$2,000,000
		X INCL PARTICIPANTS	**Property Damage Deductible: $250**			PRODUCTS/COMP OPS AGGREGATE	$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	$1,000,000
						Sexual Abuse AGGREGATE	$1,000,000
		MEDICAL PAYMENTS				Any One Person	
C	X	**DIRECTORS & OFFICERS**	01-468-17-57	01/01/2026	01/01/2027	EACH LOSS	$1,000,000*
						AGGREGATE	$1,000,000
C	X	**CYBER LIABILITY COVERAGE**	01-454-69-95	01/01/2026	01/01/2027	**LIMIT OF LIABILITY CLAIMS MADE**	$100,000 PER LEAGUE AGGREGATE
	S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	**$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** ** **$1,000 PER LEAGUE RETENTION**			RETROACTIVE DATE POLICY INCEPTION	CONTINUITY DATE POLICY INCEPTION
		REGULATORY ACTION SUBLIMIT OF LIABILITY	**$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** **$1,000 PER LEAGUE RETENTION**				
	EM	EVENT MANAGEMENT INSURANCE	**$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** ** **$1,000 PER LEAGUE RETENTION**			NOT APPLICABLE	POLICY INCEPTION
D	X	**INLAND MARINE/PROPERTY FLOATER**	MKLM7IM0056260	01/01/2026	01/01/2027	EACH LOSS	$35,000 Deductible: $500
A	X	**CRIME**	UST030998260	01/01/2026	01/01/2027	EACH LOSS	$35,000 Deductible: $1,000
B	X	**SPORTS EXCESS ACCIDENT**	SRG9105434	01/01/2026	01/01/2027	As in Master Policy: Med. Max. $250,000 Deductible $50	As in Master Policy Excess

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:
1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and
2. That part of the ball field or other premises not being used by the above-named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

Wallkill Central School District
1500 Route 208
Wallkill, NY 12589

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
539 U.S. RT. 15 Highway
South Williamsport, PA 17702

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