

**FLOYD COUNTY BOARD OF EDUCATION**  
Anna Whitaker Shepherd, Superintendent  
442 KY RT 550  
Eastern, KY 41622  
Telephone (606) 886-2354 Fax (606) 886-4550  
[www.floyd.kyschools.us](http://www.floyd.kyschools.us)

Linda C. Gearheart, Board Chair - District 1  
William Newsome, Jr., Vice-Chair - District 3  
Dr. Chandra Varia, Member - District 2  
Keith Smallwood, Member - District 4  
Steve Slone, Member - District 5

**Date: 11/16/2021**

**Consider/Approve:**

To allow Star City Ballers to use the gymnasium at Adams Middle School for practice and games.

**Applicable State or Board Policy:**

**Board Policy 01.11 General Powers and Duties of the Board of Education**

**Background:**

Star City Ballers is a team that allows Floyd County students to participate and learn about the sport of basketball.

**Alternative Action:**

Floyd County Board may deny this request.

**Recommended Action:**

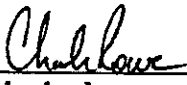
Allow Star City Ballers to use the gymnasium at Adams Middle School for practice and games.


**Rationale:**


This will help bridge community relationships between the school and local area programs that promote youth programs.

**Contact Person(s):**

Bennett Allen / 606-226-2783

  
Principal

  
Director

  
Superintendent





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/22/2021

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 be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require a separate endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> SADLER & COMPANY, INC. P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	<b>CONTACT NAME:</b> Sports Dept <b>PHONE (A/C, No. Ext):</b> 800-622-7370   <b>FAX (A/C, No):</b> 803-256-4017 <b>E-MAIL ADDRESS:</b> soda@sadlersports.com <b>PRODUCER CUSTOMER ID#:</b>															
<b>INSURED</b> D/S A SPORTSPLEX OPERATORS AND DEVELOPERS ASSOCIATION Sadler Ballers 154 Graystone Hills Princeton, KY 41653 Club #: 72369	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: SCOTTSDALE INSURANCE COMPANY</td> <td></td> <td></td> </tr> <tr> <td>INSURER B: NATIONWIDE LIFE INSURANCE COMPANY</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: SCOTTSDALE INSURANCE COMPANY			INSURER B: NATIONWIDE LIFE INSURANCE COMPANY			INSURER C:			INSURER D:		
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INSURER C:																
INSURER D:																

## 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.

TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ GENERAL AGGREGATE LIMIT APPLIES <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			KRS0000008651600	12:01AM ET 10/25/2021	12:01AM ET 10/25/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MEDICAL EXPENSES (other than participants) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS- COMP/OP AGG \$2,000,000 LEGAL LIAB TO PARTICIPANTS \$2,000,000
<b>VEHICLE LIABILITY</b> <input type="checkbox"/> AUTO <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> RENT AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			KRS0000008651600	12:01AM ET 10/25/2021	12:01AM ET 10/25/2022	COMBINED SINGLE LIMIT (Ea Accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
<input type="checkbox"/> MULTIPURPOSE / RECREATION			n/a	n/a	n/a	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ACCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> PRODUCTIVE <input type="checkbox"/> OTHER			n/a	n/a	n/a	EACH OCCURRENCE n/a AGGREGATE
<b>WORKER'S COMPENSATION</b> <b>EMPLOYERS' LIABILITY</b> PROFESSIONAL OFFICER / EXECUTIVE Y/N MEMBER / MEMBER <input type="checkbox"/> (attach and describe description of RATIO 12 below)			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
<b>TRIP/FLY ACCIDENT</b>			BAX0000031045600- Y	12:01AM ET 10/25/2021	12:01AM ET 10/25/2022	EXCESS MEDICAL \$100,000 AD&D \$5,000

DESIGNATED OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 The following liability policy, if included above, is part of the ERS Risk Purchasing Group Association, Inc.  
 ERS: SCOTTSDALE Team(s) - Youth - Accident & General Liability  
 ERS: SCOTTSDALE Team(s) - [Maximum 8 players per team]  
 Team: SCOTTSDALE Ballers  
 (Accident Package Youth Team: \$100,000 Excess Medical; \$5,000 Accidental Death or Dismemberment; \$250 per claim deductible)  
 (SCOTTSDALE Youth Lacrosse Youth Team: \$2,000,000 Each Occurrence; \$2,000,000 Legal Liability to Participants (basketball, dodgeball, soccer, lacrosse, inline)  
 (SCOTTSDALE Youth Lacrosse Youth Team: \$4,000,000 aggregate) Waiver/ Release Recommended)  
 NOTICE: Participant Accident policy, if included above, is not a part of the ERS Risk Purchasing Group Association, Inc.

## CANCELLATION

## CANCELLATION

<b>REVISION OF COVERAGE</b>	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 (company A) 
	AUTHORIZED REPRESENTATIVE (company B) 

Other: (If applicable to U.S. events and activities)

NOTES: (If applicable) THE INSURED: The Insurer or the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

ACORD: (If applicable)

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**Application and Agreement for Use of District Property**

***NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.***

Name of Sponsoring Organization/Activity	Star City Ballers	Telephone	606-226-2783
Representative's Name	Bennett Allen		
Address	184 Graystone Hills, Prestonsburg, Ky 41653		
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input type="checkbox"/> classroom(s) _____ <input type="checkbox"/> other, specify _____			
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, specify equipment _____ Operator's Name _____			
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, give a complete description of what is being sold and how the proceeds will be used. _____			
Building/school/facility Adams Middle School			
Purpose 4-6 grade girls basketball			
Date(s) requested 10/25/21 - 4/1/22		Time(s) Requested Any	
Will public be admitted?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Will advertisement(s) be used?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Will admission be charged?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

When using school facilities, this organization agrees to observe the following:

1. To schedule with the building Principal the time(s) District property is to be used. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. To abide by the requirements of Board Policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.



## SCHOOL FACILITIES

05.31 AP.21  
(CONTINUED)**Application and Agreement for Use of District Property****FEE SCHEDULE**

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians				
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium				
at _____ school				
Auditorium				
at _____ school				
Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both				
at _____ school				
Classroom(s) Number _____				
at _____ school				
Stadium				
at _____ school				
Other Property				
at _____ school				



Signature - Representative of User Group

10/22/21

Date

\_\_\_\_\_  
Signature - Superintendent/designee\_\_\_\_\_  
Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.



**Application and Agreement for Use of District Property**

For Office Use Only - To be Completed by School Official		
Cost for use of District property \$ _____	Cost for school employee \$ _____	Total cost \$ _____
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Deposit Received _____	Balance Due \$ _____	
Board employee(s) assigned: _____		
Board Action Date, if applicable _____		Board Order # _____

Review/Revised:9/29/11