



**BEECHWOOD INDEPENDENT SCHOOL DISTRICT
BOARD OF EDUCATION**

RENTAL/ USE OF FACILITY

Community Groups

50 Beechwood Rd., Ft. Mitchell, KY 41017 (859) 331-3250 www.beechwood.kyschools.us Fax (859) 331-7528

TODAY'S DATE: 12/2/23 DATE(S) OF ACTIVITY: 1/9, 1/16, 1/23, 1/30, 2/6, 2/13, 2/20, 2/27, :

PLEASE CHECK WITH HS SECRETARY TO BE SURE SITE IS AVAILABLE FOR THE DATES REQUESTED. 3/5, 3/12, 3/19

INSTRUCTIONS: To request the use of the cafeteria, either gym, high school classroom, kitchen, or any athletic field your request must start in the high school office to determine availability of the area requested. To request the use of an elementary classroom or any space located in the elementary, the elementary principal will determine the availability of the area requested. Once approved by the principal, the request will be submitted to the Superintendent. If approved, the request will be put on the agenda for the next Board of Education meeting for final approval.

NAME OF REQUESTING ORGANIZATION: Fusion FC Nky

PERSON(S) WHO WILL BE PRESENT AND SUPERVISING THE ACTIVITY: Trisha Wise-Draper, Head Coach B06 Green

LOCATION(S) REQUESTED FOR ACTIVITY: Cafe Old Gym Auxillary Gym Lower Turf Field
 Upper Turf Field Field House Viewing Room Other: _____

Kitchen-requires a Food Service staff member be present, requesting group is responsible for cost.

TIME OF ACTIVITY/EVENT: FROM 7:00 AM or PM TO 8:30 AM or PM.

START TIME FOR SET UP: _____ END TIME FOR CLEAN UP: _____

DOORS (TO BE KEPT OPEN DURING ACTIVITY IF APPLICABLE) (Please check or circle required entrances)

DOORS OPEN FROM: _____ Elem Main Entry #2 HS Entry #10
 Aux Gym Lobby #14 Other, be specific If possible, bathrooms

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 22

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:
Beginning 1/9/23 and continuing through 3/19/23

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: Club Soccer Practice

Is the organization planning on using any equipment located on school property? Yes No

If yes, specify equipment: Soccer goals but we can supply nets

Is the organization planning to conduct sales on school premises? Yes No

If yes, give a COMPLETE description of what is being sold and how the proceeds will be used: _____

Custodial service requested yes no. Fees may apply. Heating/Cooling needed yes no.

Check Fee Schedule for any applicable fees, 05.3 AP.2

I have read the Rules and Regulations for Community Use of School Facilities and the Use of Facilities Assurances of Acceptable Behavior, and agree on behalf of the requesting organization to assume personal responsibility for the proper use of the above named areas of the facility.

Trisha Wise
SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

wiseth@ucmail.uc.edu
EMAIL

21 Beechwood Rd
ADDRESS

513-602-2982
CELL

AREA BELOW IS FOR OFFICE USE ONLY

SK **SITE IS AVAILABLE. HS SECRETARY INITIAL**

Approved Not Approved

[Signature]
PRINCIPAL'S SIGNATURE

12/3/23
Date

Approved Not Approved

SUPERINTENDENT'S SIGNATURE Date

Approved Not Approved

SCHOOL BOARD CHAIR Date

STIPULATIONS:

CONTACT PERSON WILL BE NOTIFIED BY EMAIL. Original - Director of Operations Office

Copies will be emailed to: Maintenance/Custodial Supervisors, Principal, HS Secretary for Facility Book, 05.31 AP.21

Page 3 of 5 Dir. Of Technology if heat/AC requested, & Athletic Dir. If athletic facility requested. UPDATED Aug 17, 2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2023

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 LIC #40558248 Player's Health Cover USA Inc. 718 Washington Ave North #402 Minneapolis MN 55401		CONTACT NAME: PHONE (A/C, No, Ext): 612-345-9683 E-MAIL ADDRESS: certificates@playershealth.com FAX (A/C, No):	
INSURED Kentucky Youth Soccer Association 158 Constitution Street Lexington KY 40507		INSURER(S) AFFORDING COVERAGE INSURER A: Everst National Insurance Company INSURER B: Great American Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 10120 16691	


COVERAGES **CERTIFICATE NUMBER: 69335** **REVISION NUMBER: 1**

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	SI8ML03089-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 PARTICIPANT LEGAL LIAB \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SI8ML03089-231	9/1/2023	9/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0			SI8EX02134-231	9/1/2023	9/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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 \$
B	Accident Medical			E880183-01	9/1/2023	9/1/2024	PER INJURY LIMIT \$ 300,000

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

Certificate issued for sanctioned activities of the state soccer association.
 Certificate Holder is Additional Insured as required by written agreement per policy endorsement ECG 20 600 05 09. This certificate is issued on behalf of:
 Fusion FC NKY

CERTIFICATE HOLDER Fusion FC NKY, Inc. 2335 Buttermilk Crossing Suite 331 Crescent Springs KY 41017	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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