

**BEECHWOOD INDEPENDENT SCHOOL DISTRICT****BOARD OF EDUCATION**

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

RENTAL/ USE OF FACILITY**Community Groups**

TODAY'S DATE:

DATE(S) OF ACTIVITY: 1/2 - 3/8**PLEASE CHECK WITH HS SECRETARY TO BE SURE SITE IS AVAILABLE FOR THE DATES 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: Legacy Baseball ClubPERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Roddy Powell, Ryan BoothSaturdays 4-6 Jan + Feb,
Sunday 1-3 FebNAME OF EVENT: Baseball practiceLOCATION(S) REQUESTED FOR ACTIVITY: Cafe Varsity Gym Aux Gym Lower Field Upper Field
 Fieldhouse Viewing Room Performing Arts Center Alumni Atrium Teacher Learning Center Student Center
 Kitchen-requires Food Service staff be present. Requesting group is responsible for cost. Other:TIME OF ACTIVITY/EVENT: FROM 4:00 1:00 AM or PM TO 6:00 3:00 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 specificAPPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 15

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:

Beginning 1/3/2026 and continuing through 4/1/2026THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: baseball practice - BeechwoodIs the organization planning on using any equipment located on school property? Yes NoIf yes, specify equipment: baseball barn, nets, L screen, pitching moundsIs 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.

46 Thompson Ave. Ft. Mitchell, KY

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

ADDRESS

roddy.powell@beechwood.kyschools.us

513-808-6016

EMAIL

CELL

AREA BELOW IS FOR OFFICE USE ONLY**SITE IS AVAILABLE: HS SECRETARY INITIAL** Approved Not Approved Approved Not Approved Approved Not Approved

PRINCIPAL'S SIGNATURE

SUPERINTENDENT'S SIGNATURE

SCHOOL BOARD CHAIR

1/17/2026
Date1-7-26
Date

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,
Dir. of Technology if heat/AC requested, & Athletic Dir. if athletic facility requested.

05.31 AP.21

UPDATED January 2025

CERTIFICATE OF INSURANCE

Issue Date: 9/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFFERS 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 an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Producer: Edgewood Partners Ins. Center License #0B29370 10877 White Rock Road, Suite #300 Rancho Cordova, CA 95670 USSSA@epicbrokers.com	INSURERS AFFORDING COVERAGE INSURER A: Everest National Ins Co NAIC # 10120 INSURER B: Everest Reinsurance Company NAIC #26921
Insured: United States Specialty Sports Association 5800 Stadium Parkway Melbourne, FL 32940 800-741-3014	

Coverages:

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 Effective Date	Policy Expiration Date	Limits
A	Commercial General Liability Occurrence Basis	Y	Y	GCN0011929-251	8/12/2025	8/11/2026	Each Occurrence \$1,000,000 Damage to Rented Premises(ea occ) \$1,000,000 Med Exp (any one person) \$ Excluded General Aggregate \$5,000,000 Personal and Adv Injury \$1,000,000 Products - Comp/OP Agg \$1,000,000 Participant Legal Liability \$1,000,000 Sexual Abuse & Molestation (Each Incident) \$1,000,000 Sexual Abuse & Molestation (Aggregate) \$2,000,000
A	Excess Liability			GCN0011930-251	8/12/2025	8/11/2026	Each Occurrence \$1,000,000 Aggregate \$1,000,000
B	Participant Accident			1BPA000039-251	8/12/2025	8/11/2026	AD&D \$ None Primary Medical \$ None Excess Medical \$100,000 Weekly Indemnity \$ None

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

Coverage includes amateur play and practice in the insured sport for : Legacy Baseball Club BBboys10AA - [2026-9266103271620]

When required by written contract, Certificate Holder is included as additional insured with primary coverage and waiver of subrogation as respects to General Liability.*\$500.00 Deductible for excess medical

Certificate Holder:	Coverage Effective Date: 9/26/2025 2:03:00 PM
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Beechwood High School 54 Beechwood Road Ft. Mitchell 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.
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Certificate # USSSA-542151-530774

Authorized Representatives: