



**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: 1/2/2026 DATE(S) OF ACTIVITY: 1/4/2026 - 6/30/2026

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: NKYA BANDITS BASEBALL

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: SCOTT PARTON - Beechwood Employee

NAME OF EVENT: BASEBALL

LOCATION(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: BARN

TIME OF ACTIVITY/EVENT: FROM 3 ☐ AM or ☒ PM TO 5 ☐ AM or ☒ PM.

START TIME FOR SET UP: 3PM

END TIME FOR CLEAN UP: 5:10 PM

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

DOORS OPEN FROM: 3PM - 5PM
☐ Elem Main Entry #2 ☐ HS Entry #10
☐ Aux Gym Lobby #14 ☒ Other, be specific BARN

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 16

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

Beginning 1/2/2026 and continuing through 6/30/2026

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: BASEBALL PRACTICE
Beechwood & B

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

If yes, specify equipment: BATTING CAGES AND L SCREENS

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.

Scott Parton

21 Virginia Ave Ft. Mitchell, KY 41017

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

ADDRESS

scottparton1013@gmail.com

859-206-9339

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

1/7/2026
Date

1-7-26
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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2025

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 CAI Insurance Agency, Inc. 2035 Reading Road Cincinnati OH 45202-1415		CONTACT NAME: Jerri Reich PHONE (A/C, No, Ext): (513) 221-1140 FAX (A/C, No): (513) 872-7519 E-MAIL ADDRESS: jreich@cai-insurance.com	
INSURED Northern Kentucky Youth Athletics, Inc dba NKY Athletics PO Box 330 Hebron KY 41048-7965		INSURER(S) AFFORDING COVERAGE INSURER A: West Bend A Mutual Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 15350	

COVERAGES**CERTIFICATE NUMBER:** 25-26 Master**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	<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"/> PROJECT <input type="checkbox"/> LOC OTHER:			A268863	04/24/2025	04/24/2026	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000				
			MED EXP (Any one person) \$ 10,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
						GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMP/OP AGG \$ 2,000,000	
							\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			A268863	04/24/2025	04/24/2026	COMBINED SINGLE LIMIT (Ea accident) \$
			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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			A268863	04/24/2025	04/24/2026	EACH OCCURRENCE \$ 1,000,000
			AGGREGATE \$ 1,000,000				
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							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)

CERTIFICATE HOLDER**CANCELLATION**

Beechwood Independent Schools

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