

May 2012

8:20-E

## Community Relations

### Exhibit - Application and Procedures for Use of School Facilities

To be submitted to the Superintendent

This application must be approved before a non-school related group is allowed to use school facilities. School organizations, school-sponsored programs, and organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of this application, to be school-related. Use of school facilities for school purposes has precedence over all other uses.

IL Bobcats

Organization Name

Brooks Middle School

Requested School Facility

Jaime Castillo - Brooks SpEd Teacher

773-443-6399 - jcastillo@harvey152.org

Adult Supervisor from Organization (must be 21 years of age or older)

Phone/email address

Mentor Group through Basketball

February 26, 2018 - May 25, 2018

90% students attend district 152

MTWTh 6pm-9pm

Program/Activity

Date(s) and start/end time(s)

N/A

Basketballs

Equipment needed

Materials to be brought into facility

N/A

N/A

Room arrangement, including decorations

Food service required

1. All non-school related groups must supply adequate supervision to ensure proper care and use of school facilities.

- The non-school related group is responsible to the Board for the use and care of the school facility. All adult supervisors must have cell phones with them at all times.
- Sufficient, competent adult supervision must be provided and the adult supervisor must ensure that no minor is left alone after the activity.
- Only the cafeteria, auditorium, gymnasium, and athletic field, along with needed hallways and parking areas, are available for community use. Entering any room or area not in use by the group is prohibited. The adult supervisor will vacate the facility at the scheduled end time. Use of the school facility is not permitted past the agreed end time.
- No furniture or equipment may be moved without prior approval from the Building Principal.
- Signs, displays, or materials may not be attached, nailed, or otherwise affixed to walls.

JC Initial here if this is agreeable

2. All non-school related groups must agree to:

Indemnify and hold harmless the District and its agents and employees for and from any and all loss including attorneys' fees, damages, expense, and liability arising out of its use of

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school property.

- Pay any damages to school facilities, furniture, or equipment arising out of its use of school property whether such damage was accidental or deliberate. The cost of damages will be based on the repair or replacement cost, the choice of which is at the School Board's discretion.
- Supply proof of insurance naming [insert name of the District] as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss:

Insurance provider name and contact number

JC Initial here if this is agreeable

3. All non-school related groups must pay the following fees:

Rental charge (unless waived by Board policy):

Meal and beverage service (cost as determined by the cafeteria supervisor):

JC Initial here if this is agreeable

4. Payment Method: ☐ Check ☐ Money Order ☐ Credit Card

If payment is by check, please make check payable to: The District

If payment by credit card, please indicate the following: ☐ Visa ☐ MasterCard

☐ Am Ex

Expiration date: \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Today's date

Authorized amount: \_\_\_\_\_ Authorized signature: \_\_\_\_\_

5. All non-school related groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an AED is used.

JC Initial here if this is agreeable

6. All non-school related groups must agree to follow the District's Plan for Responding to a Medical Emergency at a Physical Fitness Facility, 4:170-AP6. Important: The District will not supervise the activity nor will it supply trained AED users to act as emergency responders at any time, including during staffed business hours.

☐ Activity being proposed is not in a physical fitness facility.

Initial here if this is agreeable

☒ Copy of the District's Plan for Responding to a Medical Emergency at a Physical Fitness Facility has been provided. (77 Ill.Admin.Code §§527.400(a) and 527.800(c). Important: State law encourages all non-District coaches, instructors, judges, referees, or other similarly situated non-District anticipated rescuers who use the physical fitness facility in conjunction with the supervision of physical fitness activities to complete a course of instruction that would qualify them as a trained AED user under Ill. law (410 ILCS 4/10; 77 Ill.Admin.Code §527.100).

JC Initial here that a copy of the Plan was received and that the Applicant has read and understands the above note.

7. If the request involves a physical fitness facility, the non-school related group must:
- Designate at least one adult supervisor who agrees to be an emergency responder. All emergency responders are encouraged to be trained in CPR and trained AED users.
  - Give a copy of the District's plan for responding to medical emergencies to each designated emergency responder.
  - Require that 9-1-1 be called for medical emergencies and whenever an AED is used.
  - Ensure that each designated emergency responder knows the location of first aid equipment and any AED.



- Ensure that only trained AED users operate an AED, unless the circumstances do not allow time for a trained AED user to arrive.
- Arrange for at least one emergency responder to have a tour of the facility before the activity.

- Ensure that if an AED is used, the Superintendent is informed and all appropriate forms are completed.

JC Initial here if this is agreeable

**I certify that I am authorized to act for the above-named organization. I understand that: (1) the granting of this request does not constitute recognition of my organization as a school-related group or activity, and (2) my organization may not represent itself or any of its activities as school-related.**

**I agree to: (1) abide by the conditions stated in this application, and (2) adhere to all Board policies and administrative procedures applicable to this use of the school's facility.**

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The Superintendent or designee will base his or her decision on the information being provided in this application as well as other criteria deemed important. *(Note to Superintendent or designee: After approving or denying this application, return a copy of it to the person making the request, keep the original in the central office, and send a copy to the appropriate Building Principal.)*

☐ Approved ☐ Denied



The ILLINOIS BOBCATS is a non-profit tax exempt organization that effectively collaborates to provide quality programs that promote self-sufficiency and community growth for children, youth, families and seniors through our Family Services. Since 2005 the ILLINOIS BOBCATS have had a mission of forming collaborative implementations that address the factors evaluated within the Community Disadvantage Index (CDI). We recognize the need for self-worth, and self-respect in order to change these factors. We provide education, & and self-empowerment programs. We are a community service organization specializing in developing and administering high level programs. The Bobcats have been a benefit to the community by providing social skills, mentoring, and skill development.

Our most popular program is the Bobcat Basketball program. For the past few years we've assembled teams with players from the 151 & 152 School Districts we have been very successful. Our director, Mr. Jack Solomon, has coached in both districts. Taking District 151 downstate 3 times and finishing 3<sup>rd</sup> in 2001. He also coached in District 152 taking a 4<sup>th</sup> place finish downstate in 2005. He is dedicated to the area and has been helping youth for over 15 years in the area.

Our programs:

**COUNSELING**-We provide counseling for all members of the family. The whole family can also benefit from our counseling services in a group forum.

**MENTORING**- Our mentoring program has help mode many young men and women on a successful path. Mentors works with counselors to provide the best possible treatment plan for a person's success.

**TUTORING**- We have a few tutoring programs which can provide the knowledge of one subject, or homework help for many subjects.

The Illinois Bobcats Youth Sports Programs provide structured skill training. We have year round programs for basketball and soccer ranging from camps, to travel teams. Check our event page or contact us by email or phone to get more information about the Bobcats Youth Sports Program. [www.bobcatscommunity.com](http://www.bobcatscommunity.com) or 773-269-0691 \ Email: [jack@bobcatscommunity.com](mailto:jack@bobcatscommunity.com)



**VERIFICATION OF INSURANCE  
FOR THE AMATEUR ATHLETIC UNION OF THE U.S., INC. AND ITS MEMBER CLUBS**

**GENERAL INFORMATION**

This document verifies insurance coverage for the Amateur Athletic Union of the United States, Inc. Member clubs have coverage as shown below from the date of enrollment and acceptance in the AAU.  
Expiration date is August 31st annually.

**COVERAGE DATES:**

02/22/2018 - 8/31/2018

This verification is issued as a matter of information only and confers no rights. This verification does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This verification of insurance does not constitute a contract between the issuing insurer (s), authorized representative or producer.

<b>PRODUCER</b> Foy Insurance 64 Portsmouth Ave PO Box 1030 Exeter, NH 03833-1030	<b>INSURED</b> Amateur Athletic Union of the U.S., Inc. Walt Disney World Resort P.O. Box 10000 Lake Buena Vista, FL 32830-1000 (407) 934-7200	<b>MEMBER CLUB INSURED</b> The Bobcats P.O. Box 44 South Holland, IL 60473 Enrollment Date: 3/29/2017 11:07:00PM	<b>CLUB CODE:</b> WYT74E
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**INSURER(S) AFFORDING COVERAGE**

Company A United State Fire Insurance Company NAIC # 21113  
Company B Everest National Insurance Company NAIC # 10120

\*For box below, INSR LTR refers to Company A or B.

**COVERAGES** - This is to certify that the policy(ies) 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 policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies), limits shown may have been reduced by paid claims.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	COVERAGE EFF. DATE (MM/DD/YY)	COVERAGE EXP. DATE (MM/DD/YY)	COVERAGES	LIMITS
A	Participant Accident	US735234	9/01/2017 12:01 AM	9/1/2018 12:01 AM	Accident Medical Accidental Death and Dismemberment	50,000 20,000
B	Excess Liability	SI8EX00142-161	9/01/2017 12:01 AM	9/1/2018 12:01 AM	Each Occurrence Per Club Policy Aggregate Per Club	9,000,000 9,000,000
B	General Liability	SI8ML00176-161	9/01/2017 12:01 AM	9/1/2018 12:01 AM	Each Occurrence Limit General Aggregate Limit Per Club Participant Legal Liability Personal and Advertising Injury Limit Products-Completed Operations Aggregate Fire Damage to premises Rented to You (Any One Premises) Medical Expenses Limit (Any One Person) Sexual Abuse Liability Sexual Abuse Aggregate	1,000,000 3,000,000 1,000,000 1,000,000 3,000,000 1,000,000 5,000 1,000,000 2,000,000

**ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS**

For said club to have coverage, all membership requirements in the AAU must be met.

For said club to have Extended Coverage (AB) program, all membership requirements in the AAU AB program must be met.

**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. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives.

**REVOCATION OF MEMBERSHIP** - will result in cancellation of coverage.



Authorized Representative

Verification No. WYT74E

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InsSpecimenCertClub.rpt