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.

La Esperanza F. C. Organization Name	Riley Pre-K Soccerfie
Adult Supervisor from Organization (must be 2) years of age or older)	Requested School Facility (708) 774-3834 / jojinhowood Phone/email address Yak
C.L.A.S.A. Outdoor soccer league	April 16 - Oct. 16, 2013 Date(s) and start/end time(s)
Nove Equipment needed	None_ Materials to be brought into facility
Room arrangement, including decorations	None 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.

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

Board Approved October 2012

APR 12 2013
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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:

	misurance provider name and contact number
	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):
	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:isaer Card
	Am Ex
	Expiration date: Credit Card No Today's date
	Authorized amount:Authorized signature:
5.	
	calling 9-1-1 for medical emergencies and whenever an AED is used.
,	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
6	opy 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).
	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.

 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.

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

Procedures

	Group				
	1	2			
Multi-purpose (Lecture Hall, Cafeteria, and Media Center). Minimum of three hours after normal work hours only.	Free	\$17.50 Per Hour			
Each additional hour	Free	\$8.75 Per Hour			
Kitchen – refreshments set-up only	Free	\$12.50 Per Hour			
Gymnasium – Minimum of three hours after normal work hours only. No spectators	Free	\$25.00 Per Hour			
With spectators	Free	\$50.00 Per Hour			
Land facility use	Free	Free			
Custodial services	(Applies to Groups 1 and 2) Current rate for building custodian to include benefits.				

- 1. Starting scale for regular hours rental is \$19.25 per hour (subject to annual increase).
- 2. Starting scale for rental after normal work hours is \$28.75 (subject to annual increase).

AED Provider:

It is mandatory that District 152 arrange for a trained/certified AED provider be present at all times at the expense of the organization.



3/12/13

To Whom It May Concern:

Club La Esperanza would like ask for permission to use Harvey School Dist. 152/Riley Pre-K soccer field for the summer 2013 Chicago Latin American Soccer League (C.L.A.S.A.). Our club has used the field before in the past few years and we would like, if you allow us to, use the field again this year. We are a club team that starts from youth to adults with many of our team members living in the Harvey area and kids who attend schools in this district. Our youth teams participate in South Suburban Soccer League at SSC College. Our club believes that it's important to give kids an extra curricular activity after school so that they stay out of trouble and not get involved with criminal activities. We teach them about team work, respect and good sportsmanship as well as how important it is to study and have a good education, so that they can grow up to become a well respected and an educated individual.

The season begins in **April** and it ends in **September**, therefore we would like to use the soccer field for those months. If possible and with your permission we would like to set a small dumpster near the facility's dumpster. The soccer league is switching insurance carriers, the league and the insurance company knows that we need the policy A.S.A.P. They are processing everything so we can deliver on the next board meeting. In case we receive the policy late, please give us the approval and I will deliver the policy once I receive it. The days that we need to use the field would be **Tuesday** thru **Thursday** for practices, and every other weekend for games (**Fridays included**). To determine that it's our club playing on the weekends our team flag will be posted. Any other team playing on the field with out our team flag being posted will be trespassing.

We are willing to follow the rules that the district gives us and will respect the property as if it were our own and make sure that the appearance is satisfactory and we will pick up all garbage and if possible with your permission, we would like to set a small dumpster near the facility's dumpster to put our bags in for disposal. Our club also sets a portable toilet on the field for the people who attend our practices and games.

Sincerely,

Jose P. Carbajal

Club La Esperanza

President

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4/25/2013

Harvey School District 152

To Whom It May Concern,

With reference to our Soccer Team La Esperanza we have been grateful and honored that you have let us use your facility located at 160th and Wood street (Riley Pre-K School). As most of us reside in or around the City of Harvey it is an honor for us to play in front of our family and friends. We just wanted to take the time to say Thank You for making some of our dreams come true.

We would like to first state that after every event we will have a clean-up crew in place so that there will be no garbage for children to see. If you would like we can also look into a dumpster from the city of Harvey to help us out if the school permits.

Also I know there were concerns for parking as we know the school and its employees have first right of parking. We will use parking after hours of school and we will respect all employees and visitors of the school. On the side street we will tell all our visitors that come to watch our event to conserve parking. They will park diagonal and respect the community and the School.

As our team is a non -for-profit we have a concession stand that we use to pay for our team which we sell water, candy and drinks all profits go to payment of refs and uniforms and league fees.

Your concerns are our concerns if there is any issues please do not hesitate to call or contact us at (708)552-6753

Sincerely,

Mr. Carbajal

RECEIVED

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ACORD...

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/19/2013

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 an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: Mass Merchandising K&K Insurance Group, Inc. PHONE (A/C. No. Ext): 1-800-426-2889 FAX (A/C, No): 1-260-459-5105 1712 Magnavox Way E-MAIL ADDRESS: info@sportsinsurance-kk.com Fort Wayne IN 46804 2000111800 CP# 101 NSURED INSURER(S) AFFORDING COVERAGE NAIC# Adult Soccer Teams, Leagues and Associations, Inc. INSURER A: 23787 Nationwide Mutual Insurance Company 4115 W 26th Street INSURER B: Chicago, IL 60623 INSURER C:

T N	iember of the Sports, Leisure & Entertail	umem	KPG	INSURE	R D:			
CO	VERAGES C	ERTI	ICATI	E NUMBER: 2000094293	REVISIO	N NUMBER:		
NOT ISSI SUC	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.							
INS R LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY			6BRPG0000005381700	04/20/13	04/20/14	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY				12:01 AM	12:01 AM	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000
					1		PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS-COMP/OP AGG	\$1,000,000
	POLICY PROJECT LOC						PROFESSIONAL LIABILITY	\$1,000,000
-		_		EDDDC000005284700	04/20/13	04/20/14	LEGAL LIAB TO PARTICIPANTS COMBINED SINGLE LIMIT	\$1,000,000
1	AUTOMOBILE LIABILITY			6BRPG0000005381700	12:01 A.M.	12:01 A.M.	(Ea Accident)	\$1,000,000
	ANY AUTO SCHEDULED						BODILY INJURY (Per person)	
	ALL OWNED AUTOS AUTOS						BODILY INJURY (Per accident)	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
_	X Not provided while in Hawaii							
	UMBRELLA LIAB OCCUR CLAIMS-						EACH OCCURRENCE	
	DED RETENTION						AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU- OTH-	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER						E.L. EACH ACCIDENT	
	EXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG0000005381700	04/20/13	04/20/14	PRIMARY MEDICAL	
REG		NEC /A	Hach A	CODD 104 Additional Payade School	12:01 A.M.	12:01 A.M.	EXCESS MEDICAL	\$10,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VERICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Sport: Adult Soccer (Ages 18 & Over) Team: La Esperanza							
CE	RTIFICATE HOLDER			CAN	ICELLATION			
Evidence of Coverage			BEF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
				AUT	HORIZED REPRESE	NTATIVE		
				A	Scott Juntil			