

### 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 Futbol Club  
Organization Name

Riley Field  
Requested School Facility

Jose P. Carbajal  
Adult Supervisor from Organization (must be 21 years of age or older)

708 774-3834  
Phone/email address

Soccer  
Program/Activity

April 25<sup>th</sup> - Oct. 10<sup>th</sup> Tues & Thurs (Practice)  
Fri - Sun (games)

N/A  
Equipment needed

Date(s) and start/end time(s)  
SOCCER balls, cones, flags, goals, etc.  
dumpster, waste reciprocals, toilet, security  
Materials to be brought into facility

N/A  
Room arrangement, including decorations

N/A  
Food service required

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

JC Initial here if this is agreeable

 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

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:

JC Initial here if this is agreeable Insurance provider name and contact number

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:  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.

         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.

JC 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).

         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.

J 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**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/2/2015

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).

PRODUCER Des Champs, Gregory and Hayes, Inc 1812 Manatee Ave., W. Bradenton, FL 34205  www.deschampsgregory.com  INSURED Illinois State Soccer Association US Adult Soccer Association, Inc. Its Affiliates, Leagues & Member Teams 7000 S. Harlem Ave Bridgeview IL 60455	CONTACT NAME: PHONE (A/C, No., Ext): 941-746-1812 FAX (A/C, No.): E-MAIL: ADDRESS:  INSURER(S) AFFORDING COVERAGE NAIC #  INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES CERTIFICATE NUMBER: 24109256 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	LTYS	TYPE OF INSURANCE	ADDL. SUBR. (INSR, Y/N)	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 <input checked="" type="checkbox"/> Participant Legal  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		6LKRO000004637700	9/1/2014	9/1/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ None PRODUCTS - COMPROP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		6LKRO000004637700	9/1/2014	9/1/2015	COMBINED SINGLE LIMIT (E & BODILY) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED. <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE		6LXKO000004637800	9/1/2014	9/1/2015	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
		WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Ill) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE <input type="checkbox"/> DTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
B	<input checked="" type="checkbox"/>	Participant Accident		JXS0000026499400	9/1/2014	9/1/2015	Participant \$5,000 max Accident \$400 ded.

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

League: CLASA  
 Team: La Esperanza  
 Certificate Holder is Additional Insured as pertains to sanctioned games/practices of the named insured  
 Its affiliates, Leagues or Member Teams  
 The effective date of coverage for the team/league shown is the date they were accepted as a member of USASA.

<b>CERTIFICATE HOLDER</b> La Esperanza School District 152 Reiley School 1800 Lincoln Ave Harvey IL 60426	<b>CANCELLATION</b> 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  Scott Lunsford
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# La Esperanza F.C.



April 20, 2015

Dear Dr. Nohlety,

We the directors of La Esperanza Soccer Club would like to reassure Harvey Public School District 152 that we take full responsibility for the security of the school grounds during the use by our teams during practices and games. We have organized a team in charge of just that and we have support from the City of Harvey to provide off duty police officers when requested, due to us being a nonprofit club. Contact information for the members in charge of security and any concerns regarding this matter are as follows:

Jose Carbajal- 708-774-3834

Joel Carbajal- 708-552-6753

Tony Ochoa- 847-322-9698

Bruno Farfan- 708-420-1585

Fernando Vallejo- 708-359-1749

We also take full responsibility for maintenance of the field by providing garbage reciprocals and a dumpster and as we have always done in the past, a portable toilet will also be supplied. We wish to thank Harvey Public School District 152 for always allowing the use of the field and we hope that we could still continue to receive the support of such a great school district.

Sincerely,

Jose P. Carbajal-Team President