I. Opening of Meeting
   A. Call to Order – 6:00 p.m.
   B. Adjourn to Executive Session
      1. To discuss an individual personnel contractual matter.
   C. Reconvene meeting to Open Session – 7:00 p.m.
   D. Pledge of Allegiance

II. Approval of Minutes
   A. Minutes of May 7, 2014, Regular Board Meeting
   B. Minutes of May 20, 2014, Special Board Meeting

III. Student Senate Report
   A. Student Senate Report

IV. Superintendent’s Report
   A. Superintendent’s Report

V. Board of Education Report
   A. President’s Report
   B. Committee Reports

VI. Recognition of Visitors
    This time is set aside for visitors to address the Board of Education on any agenda items.
    “It is the policy of the Board of Education to allow public comment during the visitor’s period of
    the meeting, it is not our policy to engage in public debate. Your comments and statements are
    heard and are greatly appreciated. If there is information we can provide for you after the meeting,
    feel free to contact the superintendent’s office with your request and we will do our best to get
    information for your needs, as soon as possible.”

VII. Finance
   It is recommended that the Board of Education approve the following finance action
   items A through D:
      A. Claims Auditor’s Report – It is recommended that the Board of Education accept the Claims Auditor’s
         Report for the month of April 2014.
B. Appoint CME Associates – It is recommended that the Board of Education appoint CME Associates for the Construction Phase and Testing Services and Special Inspection Services related to the 2013 Capital Project. This recommendation is based on a Request for Proposal dated May 1, 2014, as per attached.

C. Appoint Athletic Trainer – It is recommended that the Board of Education approve the appointment of Premiere Athletic Training, LLC, effective July 1, 2014 and ending on June 30, 2015. This recommendation is based on a Request for Proposal dated April 2014, as per attached.

D. Appoint Driver Education Program – It is recommended that the Board of Education approve the appointment of Bell’s Auto Driving School, Inc. to operate the Driver Education Program from July 1, 2014, to June 30, 2015, as per attached.

VIII. Professional Personnel

It is recommended that the Board of Education approve the following instructional staff action items A through C: (All appointments and payments for services are subject to our possession of proper certification and transcripts substantiating credits and diplomas and a notice from the Commissioner of Education that (s)he is fully cleared for employment.)

<table>
<thead>
<tr>
<th></th>
<th>Name:</th>
<th>Position:</th>
<th>Location:</th>
<th>Effective Date:</th>
<th>Type of Leave:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Kara Saint John</td>
<td>Special Education Teacher</td>
<td>Hamagrael Elementary School</td>
<td>December 12, 2013 through June 30, 2015</td>
<td>Extension to Maternity Leave Date</td>
</tr>
<tr>
<td>B.</td>
<td>Melissa N. Harju</td>
<td>Remedial Reading Teacher</td>
<td>Eagle Elementary</td>
<td>May 1, 2014 through June 30, 2014</td>
<td>Change of Date with Maternity Leave</td>
</tr>
<tr>
<td>C.</td>
<td>Qi Song</td>
<td>1.0 Foreign Language Teacher</td>
<td>Middle School/High School</td>
<td>6/30/14</td>
<td>Resignation for Personal Reasons</td>
</tr>
</tbody>
</table>

IX. Support Personnel

It is recommended that the Board of Education approve the following support staff action items A through F: (All appointments and payments for services are subject to our possession of proper payroll documentation and a notice, if appropriate, from the Commissioner of Education that (s)he is fully cleared for employment.)

<table>
<thead>
<tr>
<th></th>
<th>Name:</th>
<th>Position:</th>
<th>Location:</th>
<th>Effective Date:</th>
<th>Reason:</th>
<th>Years of Service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Janet Tripp</td>
<td>Clerical Assistant</td>
<td>Special Education &amp; Student Services</td>
<td>June 30, 2014</td>
<td>Resignation for retirement</td>
<td>22 years</td>
</tr>
<tr>
<td>B.</td>
<td>Catherine Lee</td>
<td>10 Month School Monitor (Aide to Students with Disabilities) - recall</td>
<td>Middle School</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Salary: Step 5 of Salary Grade 3-1, $25,828 annually, $2,695 prorated from effective date
Hours Per Day: 6.5 hours per day
Effective Date: May 27, 2014
End Date: June 27, 2014
Reason: Retirement of Mia Calabrese

C. Name: Jacqueline Haluska
Position: Senior Keyboard Specialist
Location: High School
Effective Date: June 30, 2014
Reason: Resignation to accept another position within the District

D. Name: Jacqueline Haluska
Position: Secretary 1; 12 Month Secretary to the Assistant Superintendent for Educational Programs
Location: High School, Assistant Superintendent’s office
Annual Salary: $52,061
Hours Per Day: 8 hours per day
Effective Date: July 1, 2014
Reason: Retirement of Darlene Dowse

E. Name: Ronald Ziegler
Position: 12 Month Custodian
Location: High School
Salary: Step 1 of Salary Grade 9, $40,084 annually, $1,695 prorated from effective date
Hours Per Day: 8 hours per day
Effective Date: June 16, 2014
Reason: Retirement of Gary Powers

F. Name: Leona Teator
Position: 12 Month Clerical Assistant
Location: High School - SESS
Hours Per Day: From 7.5 to 4.5 hours per day
Effective Date: July 1, 2014
Reason: Reallocation of existing staff hours

X. Correspondence for Action

It is recommended that the Board of Education approve the following correspondence action item A:

A. Committee on Special Education/Preschool Special Education Recommendations – It is recommended that the Board of Education approve the Committee on Special Education recommendations and the Committee on Preschool Special Education recommendations for the following meeting dates:

5-09-2014, 5-08-2014, 5-06-2014, 5-05-2014, 5-01-2014, 4-30-2014, 4-25-2014, 4-24-2014, 4-23-2014, 4-22-2014, 4-22-2014

XI. Recognition of Visitors

This time is for visitors to address any items not on this agenda.

“It is the policy of the Board of Education to allow public comment during the visitors’ period of the meeting, it is not our policy to engage in public debate. Your comments and statements are heard and are greatly appreciated. If there is information we can provide for you after the meeting, feel free to contact the superintendent’s office with your request and we will do our best to get information for your needs, as soon as possible.”
XII. **Future Meetings and Events**

A. Tuesday, June 3\textsuperscript{rd}  5:30 p.m.  Audit Committee Meeting  
B. Wednesday, June 4\textsuperscript{th}  6:00 p.m.  Regular Board Meeting  
C. Wednesday, June 18\textsuperscript{th}  6:00 p.m.  Regular Board Meeting  
D. Tuesday, July 1\textsuperscript{st}  6:00 p.m.  Organizational Meeting  

XIII. **Proposed Executive Session (if necessary)**

A. Adjourn to Executive Session  
B. Reconvene to Open Session  

XIV. **Adjourn the Meeting**
To: Judith Kehoe, C.P.A.
    Chief Business & Financial Officer

From: Gregg D. Nolte, P.E.
    Director of Facilities and Operations

Date: May 2, 2014

Re: Construction Phase Testing Services & Special Inspections
    Proposal Recommendation

On May 1, 2014, the district received the following four (4) complete proposals
in response to a Request for Proposal for Construction Phase Testing Services & Special
Inspections related to the 2013 bond project;

<table>
<thead>
<tr>
<th>Company</th>
<th>Price</th>
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</thead>
<tbody>
<tr>
<td>CME Associates</td>
<td>$15,440</td>
</tr>
<tr>
<td>PSI Engineering</td>
<td>$51,525</td>
</tr>
<tr>
<td>Ryan Biggs Assoc.</td>
<td>$33,000</td>
</tr>
<tr>
<td>Atlantic Testing</td>
<td>$35,891</td>
</tr>
</tbody>
</table>

Evaluation of this unit priced proposals was based upon anticipated quantities of
work over the next two years (see attached). The total estimated cost is within the
established budget. I am recommending approval of the low proposal submitted by CME
Associates at $15,440. Please do not hesitate to call should questions arise.
<table>
<thead>
<tr>
<th>TESTING DESCRIPTION</th>
<th>RYAN-BIGGS UNIT PRICE</th>
<th>PSI UNIT PRICE</th>
<th>CME UNIT PRICE</th>
<th>ATLANTIC TESTING UNIT PRICE</th>
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</thead>
<tbody>
<tr>
<td>Soils and Foundations:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Verify Site Preparation</td>
<td>$400.00</td>
<td>$400.00</td>
<td>$140.00</td>
<td>$380.00</td>
</tr>
<tr>
<td>2. Compaction, Moisture Content and Proctor Testing</td>
<td>$150.00</td>
<td>$400.00</td>
<td>$125.00</td>
<td>$270.00</td>
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<tr>
<td>Cast-in-Place Concrete:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Inspect Reinforcing</td>
<td>$500.00</td>
<td>$400.00</td>
<td>$140.00</td>
<td>$435.00</td>
</tr>
<tr>
<td>2. Sample and Test Concrete</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Inspector</td>
<td>$150.00</td>
<td>$400.00</td>
<td>$125.00</td>
<td>$225.00</td>
</tr>
<tr>
<td>b) Testing</td>
<td>$36.00</td>
<td>$67.50</td>
<td>$40.00</td>
<td>$63.00</td>
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<tr>
<td>Masonry:</td>
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<td></td>
</tr>
<tr>
<td>1. Inspections to Verify Proportions &amp; Procedures</td>
<td>$500.00</td>
<td>$400.00</td>
<td>$140.00</td>
<td>$435.00</td>
</tr>
<tr>
<td>Steel:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Inspections to Verify Material &amp; Welds</td>
<td>$320.00</td>
<td>$650.00</td>
<td>$200.00</td>
<td>$360.00</td>
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<tr>
<td>2. Pull Out Tests</td>
<td>$500.00</td>
<td>$3,000.00</td>
<td>$300.00</td>
<td>$328.00</td>
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<td>Wood:</td>
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</tr>
<tr>
<td>1. Inspections to Verify \n Material &amp; Erected Framing</td>
<td>$500.00</td>
<td>$650.00</td>
<td>$140.00</td>
<td>$435.00</td>
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</tr>
<tr>
<td><strong>TOTAL PROPOSAL</strong></td>
<td><strong>$33,000.00</strong></td>
<td><strong>$51,525.00</strong></td>
<td><strong>$15,440.00</strong></td>
<td><strong>$35,891.00</strong></td>
</tr>
</tbody>
</table>
May 12, 2014

To: Dr. Thomas Douglas, Superintendent of Schools
Bethlehem CSD Board of Education
From: Len Kies, Director of Athletics
Re: Athletic Trainer Contract – Request for Proposal (RFP)

Dear Dr. Douglas and Members of the Board,

The BCSD Athletic Department is requesting to enter into a contract to use the athletic trainer services of Premiere Athletic Training, LLC. The owner/operator of this company is Staci Weincko. The athletic department has been able to secure a proposal for a 5-year contract ($35,000 per year, paid monthly) with no rate increase at each year’s renewal and our department will have the right to cancel services at any time should we find that the services as contracted are not being adequately met. This proposal is the least costly over the life of the agreement.

In making this choice, our department created a request for proposal (RFP). On April 3, 2014, we sent our Request for Proposals to Top Form Inc., The Center for Sports Medicine in addition to Premiere Athletic Training, LLC. The due date for proposals from vendors was Friday, May 9, 2014.

Our department received vendor proposals from all 3 of the vendors we contacted. Premiere Athletic Training Service, LLC has worked with our student-athletes, coaches and athletic department for the past 3 years and continues to provide our student-athletes, coaches and athletic program a high level of dedication and expertise in the care and prevention of athletic injuries. I believe continuing our relationship with Premiere Athletic Training, LLC for our contracted athletic training services is a fiscally responsible decision and I am also confident that the services provided will meet or exceed the expectations of the BCSD athletic department.

I have attached the RFP and the proposals for both vendors. If you have any questions or concerns, please let me know.

Sincerely,

Len Kies
Len Kies, Director of Athletics
Athletic Training Services
Proposal for
Bethlehem Central School District

The Center For Sports Medicine provides Athletic Training Services to, Burnt Hills, Niskayuna, Schenectady, Cohoes, Notre Dame Bishop Gibbons and Schalmont. We provide high quality, cost-effective means of caring for all athletes at these schools. The Athletic Trainer is knowledgeable, motivated, caring and has become part of these communities. Our presence at these schools has increased awareness to athletes, parents, coaches, and administrators about injury care, prevention and management. Our commitment to the athlete is evident in how we deal with the injured athlete, communicate with the coach, and inform parents about their child’s injuries. Our relationship with the coaches is unmatched.

Services Provided:

The Center For Sports Medicine is the only full service sports medicine center in the Capital Region. We provide Athletic Training Services, Physical Therapy services and orthopedic physician services. Athletic Training services are provided to five area high schools, and sports medicine services to Union College, Schenectady County Community College, Clifton Park Soccer Club and Black Watch Soccer Club. The center is also a valuable resource to the coaches, parents, and the physicians in the Capital Region. We have established ourselves as a primary resource in the management of athletic injuries.

Athletic Training Services

The Center For Sports Medicine provides Athletic Training services to area high schools, sports clubs and recreational organizations. The Center has the largest Athletic Training staff in the Capital Region. We employ five Certified Athletic Trainers that are contracted to area high schools, provide game and event coverage and have clinical responsibilities in our Schenectady and Clifton Park locations. The Athletic Trainers are certified by the National Athletic Trainers Association (NATA) and the NYS Department of Education. Our program has been in existence since 1988, providing quality health care to many high school, college, and recreational athletes. Our Athletic Training program is the first step that ensures the athlete receives the best care available.

Resources available:

Our Athletic Training program is a major component to the centers operation. The athletic trainers have available to them a full service sports medicine center, staffed with 10 orthopedic surgeons, 5 physical therapists, physician assistants and full x-ray facilities at all four of our locations. We have a group of professionals that specialize in the treatment of athletic injuries. These professionals are responsible for the safe expedient return of the athlete to participation. Our team approach to treating the injured athlete is very successful. Our athletic trainers, physical therapists, and orthopedic physicians are in constant communication about an athlete’s treatment and eventual return to his or her sport. This approach guarantees continuity in care and high degree of patient satisfaction. It also keeps the cost of medical treatment down, in many cases our physicians will refer the athlete back to the athletic trainer for the rehabilitation of the injury, avoiding time and money spent going to physical therapy. Sometimes formal physical therapy is unavoidable, and that’s where our program is unique. Our therapists will work closely with our athletic trainers at the schools, making sure treatments continue outside the therapy clinic, and that the proper progressions are made. This will also expedite treatment and keep treatment cost low, a growing concern to parents and administrators.
Who do we service?

The Athletic Training Program exists to provide proper health care to the high school athlete. Research done by the NATA demonstrates that schools that employ a Certified Athletic Trainer have lower injury rates, lower re-injury rates, fewer lost days due to athletic injury and an increased awareness on the management of these injuries. Our services are an integral part of the success of the student athlete, providing a positive environment to their health care. However our care goes beyond the athlete. The success of our program comes from our involvement in the total program. We work closely with the coaches, keeping them informed on their injured athletes, being a resource for injury prevention and conditioning programs, and being a liaison between coach and parent when it comes to athletic injuries. The Certified Athletic Trainer also is a resource to the school physician and school nurse in the treatment of athletic injuries. Keeping parents informed is also a major responsibility of our program. When an athlete is injured the parent is informed on the extent of the injury and given advice on what the next step should be in their child’s care. Our communication with the parent reinforces that our primary goal is the health and well being of their child. We have nurtured a high degree of confidence with the athletes, coaches, physicians and parents in the schools we service.

Why does our approach work?

Our program started 1988, and since then we have had a chance to fine tune and improve on our product. Because of increased awareness in the area of sports medicine, people expect more for their child’s safety in sports participation. We have led the way in the Capital region by employing qualified enthusiastic professionals to carryout our mission statement. Improvements in the program are made by surveying coaches and administrators, talking to parents and measuring outcomes. We take pride in bringing the newest and current treatment techniques to the student athlete and coach, and our availability to them is unmatched. When an athlete is injured we act promptly to get them to the next step. The resources available to the athletic trainer make it possible for treatment to be readily available. This instills confidence in the parent, athlete and coach, that a proper diagnosis is made and that a goal oriented treatment plan is put into place. These systems exist because the athlete, parent and coach are entitled to accurate information. This prevents the “rest for two weeks” mentality. If we are able to expedite treatment, then the lost time due to injury is significantly decreased. Our quality of care to the injured athlete is high because of early intervention and continuity of care. Our team members have a common goal, that is, to return the injured athlete back to participation as soon as safely possible.

Athletic Training Services:

1. The Center For Sports Medicine will service all athletes involved in interscholastic athletics, including tryouts, conditioning, reconditioning, practice, and pre-game activities or competitions.

2. The term “reconditioning” shall include services identical to those conditioning services provided for purpose of developing and maintaining the initial requisite of cardiovascular and neuromuscular capacities necessary to compete in their respective sports after having met the standards of competition established by the school district through its Chief School Physician, or other official medical designee, that any previously existing physical injury or limitation has been appropriately treated, and as necessary rehabilitated.

3. The Center For Sports Medicine, through its Athletic Trainer and as requested by the School District, will provide athletic training services for the benefit of the above-described students. Services may include one or more of the following components:
a. Education of all coaches regarding sports first aid and injury protection.
b. Ordering of athletic training supplies and inventory.
c. Keeping injury records of all injured student athletes.
d. Assisting coaches in preparation of accident reports.
e. Making appropriate recommendations for the care and reconditioning of injured athletes.
f. Designing weight training and conditioning programs for all teams.
g. Preparation of all first aid kits for use by coaches and teams in the trainer’s absence.
h. Daily communication with coaches regarding player status for practice or game per physician recommendation.
i. Assisting the Chief School Nurse in arranging for the examination of athletes by a physician prior to participating in sports.
j. Instruction of coaches and assisting in the proper fitting of athletic equipment.
k. Assisting the School District as requested in confirming that athletes have appropriate medical clearance before returning to sports subsequent to athletic injury or illness.
l. Advising student athletes regarding appropriate training techniques.
m. Preparing athletes for practice or game participation.
n. Conferring with School Health officials on matters relating to injured athletes.
o. Advising, as requested, the athletic director on the safety of all athletic facilities.
p. The Athletic Trainer will provide nutritional counseling to all athletes that request it, informing them on safe weight reduction and weight gain.

Terms of this Proposal
The Center For Sports Medicine provides athletic training services to Burnt Hills Ballston Lake, Schenectady, Niskayuna, and Schalmont high schools. We also provide game coverage to Notre Dame Bishop Gibbons and Cohoes High School. The Center For Sports Medicine is a DBA for Schenectady Regional Orthopedic Associates, PC. The Center For Sports Medicine has four New York State and NATA/BOC Certified Athletic Trainers. We have two locations; our main office is 1201 Nott Street, Suite 302, Schenectady, NY 12038. We have a satellite office in Clifton Park, 103 Sitterly Road, Suite 2400, Clifton Park, NY 12015

Athletic Training Staff
Luigi F. Rende, MS, ATC  Director, The Center For Sports Medicine
Certified 1983, has been Director of The Center For Sports Medicine 1990 to present

Pamela Fitzgerald, MS, ATC, CSCS
Certified 1987, has worked for The Center For Sports Medicine since 1988

Christopher Shaw, ATC
Certified 2003, has worked for The Center For Sports Medicine since 2003

Mike Bennice, ATC
Certified 2010, has worked for The Center For Sports Medicine since 2010

Per Diem Athletic Trainers
Ray Knizel, ATC
Kim Watson, ATC
Billing
The Center For Sports Medicine will bill the school in two equal installments. Our billing cycle is July and November for all athletic training contracts. Our billing will be for two equal installments. We will issue an invoice for first installment in July that will be for services that cover dates of service, 8/12/2014 to 12/31/2014 that will cover the first part of the school year. The second invoice will be issued in December covering dates 1/1/2015 to 6/15/2015 for the balance of the contract. All billing and correspondence will be from 1201 Nott Street, Suite 302, and Schenectady NY 12308.

Evidence of Insurance
Included with this proposal are certificates of insurance for personal and professional liability for our athletic training staff from Liberty Insurance Underwriters Inc. Certificates of insurance for automobile liability insurance, NYS workers’ compensation, excess or umbrella liability and general liability from the Utica National, Utica Mutual and Hartford Insurance companies are also included.

References
Bob McGuire, Director of Physical Education and Athletics, Burnt Hills Ballston Lake Central School District (518) 399-9141 ext 83309 rmcguire@bhbl.org
Steve Boynton, Director of Physical Education and Athletics, Schenectady City School District (518) 881-3515 boynts@schenectady.k12.ny.us
Larry Gillooley, Director of Physical Education and Athletics Niskayuna Central School District (518) 382-2511 ext 21760 jgillooley@nkschools.org
John Gallo, Athletic Director Schalmont Central School District (518) 355-6610 ext jgallo@sabrent.net
Pat Moran, Athletic Director, Notre Dame Bishop Gibbons High School (518)393-3131 moranp@ad-bg.org
Tom Kostrzeski, Athletic Director, Cohoes High School (518)237-9100 ext 1405 tkostrze@cohoes.org

Services Provided:
The Center For Sports Medicine will provide athletic Training Services from August 14, 2014, to June 10, 2015. The hours will be assigned by the Athletic Director, with consultation from the Director of The Center For Sports Medicine. Proposed coverage will include all practices and home games for the respective sport season. In the fall the athletic trainer will travel with varsity football. The winter coverage will include home basketball, boys and girls, wrestling, and ice hockey. Spring coverage will include all home contests and practices. If a conflict arises with ice hockey and basketball, we will be able to cover the conflict but with an additional cost to the district. In most cases we advise the school to have the athletic trainer cover ice hockey first; however we leave that to the discretion of each school. First Aid and CPR/AED certification are included in this proposal.

Cost for school year 2014-2015: 1025 hrs @ $41.20/hr. $42,230.00

If you have any questions please call me at this number, 243-4684.

Sincerely

[Signature]

Luigi F. Rende, MS, ATC
Director
The Center For Sports Medicine
### Certificate of Liability Insurance

**Client#: 76372**

**ACORD**

**DATE**: 04/19/2014

**CERTIFICATE OF LIABILITY INSURANCE**

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER 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**

Schenechaty Insuring Agency  
155 Erie Blvd, PO Box 1044  
Schenechaty, NY 12301-1044  
518-377-8822

**INSURED**

Center for Sports Medicine  
Schenechaty Regional Orthopedics Assoc.  
530 Liberty Street  
Schenechaty, NY 12305

**INSURER A**: Utica Mutual Ins. Co  
25976

**INSURER B**: Utica National of Ohio  
43478

**INSURER C**: Hartford Ins. Co. of the Midwest  
37478

**INSURER D**:

**INSURER E**:

**INSURER F**:

**COVERAGES**

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<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>LIMIT</th>
<th>POLICY NUMBER</th>
<th>START DATE</th>
<th>END DATE</th>
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<td>X 3793712</td>
<td>01/01/2014</td>
<td>01/01/2015</td>
<td>$1,000,000</td>
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<td>X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR</td>
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<td>C WORKERS COMPENSATION AND EMPLOYER LIABILITY ANY PROPORTION OF PAYMENTS EXECUTIVE OFFICERS DIRECTOR (Mandatory in NY)</td>
<td>Y/N</td>
<td>01WECES1560</td>
<td>01/01/2014</td>
<td>01/01/2015</td>
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</tr>
</tbody>
</table>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES**

Re: This certificate is for informational purposes only regarding Bid for Athletic Training Service Provider Services to be performed by named insured. In the event that the bid for this contract is awarded, a certificate of insurance will be issued at that time reflecting the following: Certificate holder is named as additional insured on a primary basis as agreed to in contract per 8-E-3560 (04/2008) Copy Attached.

**CERTIFICATE HOLDER**

Bethlehem Central School District  
700 Delaware Avenue  
Delmar, NY 12054

**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.

**AUTHORIZED REPRESENTATIVE**

© 1986-2010 ACORD CORPORATION. All rights reserved.
# STATE OF NEW YORK
# WORKERS’ COMPENSATION BOARD

## CERTIFICATE OF NYS WORKERS’ COMPENSATION INSURANCE COVERAGE

<table>
<thead>
<tr>
<th>1a. Legal Name &amp; Address of Insured (Use street address only)</th>
<th>1b. Business Telephone Number of Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schenectady Regional Orthopedic Associates, PC</td>
<td>518-243-4684</td>
</tr>
<tr>
<td>Center for Sports Medicine</td>
<td></td>
</tr>
<tr>
<td>530 Liberty Street</td>
<td></td>
</tr>
<tr>
<td>Schenectady, New York 12305</td>
<td></td>
</tr>
</tbody>
</table>

Work Location of Insured *(Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)*

<table>
<thead>
<tr>
<th>1c. NYS Unemployment Insurance Employer Registration Number of Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>141796013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1d. Federal Employer Identification Number of Insured or Social Security Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</th>
<th>3a. Name of Insurance Carrier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethlehem Central School District</td>
<td>Hartford Insurance Co. of the Midwest</td>
</tr>
<tr>
<td>700 Delaware Avenue</td>
<td></td>
</tr>
<tr>
<td>Delmar, New York 12054</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3b. Policy Number of entity listed in box “1a”</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3c. Policy effective period</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2014 – 01/01/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3d. The Proprietor, Partners or Executive Officers are included. (Only check box if all partners/officers included)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X all excluded or certain partners/officers excluded.</td>
</tr>
</tbody>
</table>

This certifies that the insurance carrier indicated above in box “3a” insures the business referenced above in box “1a” for workers’ compensation under the New York State Workers’ Compensation Law. *(To use this form, New York (NY) must be listed under Item 3a in the INFORMATION PAGE of the workers’ compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box “2a”.

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. *(These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box “3c”, whichever is earlier.*

Please Note: Upon the cancellation of the workers’ compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers’ Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers’ Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Rosemary Slake

Approved by: ____________________________________________________________

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: ____________________________________________________________

(Signature) ____________________________        4/18/2014                     (Date)

Office Manager

Title: _________________________________________________________________

---

Telephone Number of authorized representative or licensed agent of insurance carrier: 518-374-7781

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

C-105.2 (9-07) www.wcb.state.ny.us
Office of the Professions

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

License Information *

04/22/2014

Name: FITZGERALD PAMELA A
Address: SCOTIA NY
Profession: ATHLETIC TRAINER
License No: 000207
Date of Licensure: 04/02/98
Additional Qualification: Not applicable in this profession
Status: REGISTERED
Registered through last day of: 09/15

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP button for further explanations of terms used on this page.

- Use your browser's back key to return to licensee list.
- You may search to see if there has been recent disciplinary action against this licensee.
- Note: The Board of Regents does not discipline physicians(medicine), physician assistants, or specialist assistants. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's Office of Professional Medical Conduct homepage.

http://www.nysed.gov/coms/op001/opsc2a?profcd=67&plcno=000207&namechk=FIT

4/22/2014
The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

License Information *

04/22/2014

Name: RENDE LUIGI FRANCESCO
Address: WATERFORD NY
Profession: ATHLETIC TRAINER
License No: 000554
Date of Licensure: 02/16/00
Additional Qualification: Not applicable in this profession
Status: REGISTERED
Registered through last day of: 12/14

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

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Office of the Professions

Verification Searches

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License Information *

04/22/2014

Name: SHAW CHRISTOPHER JOHN
Address: SCHENECTADY NY
Profession: ATHLETIC TRAINER
License No: 001179
Date of Licensure: 08/19/04
Additional Qualification: Not applicable in this profession
Status: REGISTERED
Registered through last day of: 03/16

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to licensee list.
- You may search to see if there has been recent disciplinary action against this licensee.
- Note: The Board of Regents does not discipline physicians(medicine), physician assistants, or specialist assistants. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's Office of Professional Medical Conduct homepage.
Verification Searches

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License Information *

04/22/2014

Name: BENNICE MICHAEL ANTHONY
Address: SCHENECTADY NY
Profession: ATHLETIC TRAINER
License No: 001905
Date of Licensure: 05/19/10
Additional Qualification: Not applicable in this profession
Status: REGISTERED
Registered through last day of: 07/15

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to license list.
- You may search to see if there has been recent disciplinary action against this licensee.
- Note: The Board of Regents does not discipline physicians(medicine), physician assistants, or specialist assistants. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's Office of Professional Medical Conduct homepage.
MEMORANDUM OF INSURANCE

Date Issued 04/25/2014

Producer
Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. Box 14576
Des Moines, IA 50306-3576
1-800-503-9230

Insured
PAMELA A FITZGERALD
13 RIVERSIDE PLACE
SCOTIA NY 12302

Company Affording Coverage
Liberty Insurance Underwriters Inc

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Certificate Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Per Incident/ Occurrence</th>
<th>Annual Aggregate</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Liability</td>
<td>AHY-392640003</td>
<td>09/09/2013</td>
<td>09/09/2014</td>
<td>Per Incident/ Occurrence</td>
<td></td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Athletic Trn E Athletic Trainer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$4,000,000</td>
</tr>
</tbody>
</table>

PROOF OF INSURANCE

Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
Mark Brostowitz

Mercer Consumer, a service of Mercer Health & Benefits Administration LLC. In CA d/b/a Mercer Health & Benefits Insurance Services LLC. CA Lic.# 039709
# Memorandum of Insurance

**Producer**

Marsh U.S. Consumer
a service of Seabury & Smith, Inc.
P.O. Box 14576
Des Moines, IA 50306-3576
1-800-503-3230

**Insured**

LUIGI F RENDE
30 COPPERFIELD DRIVE
WATERFORD NY 12188

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

**Company Affording Coverage**

Liberty Insurance Underwriters Inc

---

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

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<td>Professional Liability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athletic Trainer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Athletic Trainer</td>
<td>AHY-513821003</td>
<td>09/22/2013</td>
<td>09/22/2014</td>
<td>Per Incident/ Occurrence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Annual Aggregate $4,000,000</td>
</tr>
</tbody>
</table>

**Proof of Insurance**

Memorandum Holder:

**Proof of Coverage Only**

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
Joan O’ Sullivan

---

Marsh U.S. Consumer, a service of Seabury & Smith, Inc. In CA d/b/a Seabury & Smith Insurance Program Management. CA Lic. #0633005
MEMORANDUM OF INSURANCE

Producer
Mercer Consumer, a service of
Mercer Health & Benefits Administration LLC
P.O. Box 14576
Des Moines, IA 50306-3576
1-800-503-9230

Insured
Christopher J Shaw
38 Clayton Street
Schenectady NY 12304

Date Issued: 04/23/2014

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Company Affording Coverage
Liberty Insurance Underwriters Inc

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

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<th>Per Incident/Occurrence</th>
<th>Annual Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Liability Athletic Trainer</td>
<td>AHY-392887003</td>
<td>10/23/2013</td>
<td>10/23/2014</td>
<td>$2,000,000</td>
<td>$4,000,000</td>
</tr>
</tbody>
</table>

PROOF OF INSURANCE

Memorandum Holder:

PROOF OF COVERAGE ONLY

Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
Mark Brotman
**MEMORANDUM OF INSURANCE**

*Client # 399228  Date Issued 05/29/2013*

**Producer**
Marsh U.S. Consumer
a service of Seabury & Smith, Inc.
P.O. Box 14576
Des Moines, IA 50306-3576
1-800-503-9230

**Insured**
Michael A. Bennice
109 Governor Drive
Glenville NY 12302

*This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.*

**Company Affording Coverage**
Liberty Insurance Underwriters Inc

---

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

<table>
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<th>Type of Insurance</th>
<th>Certificate Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Limits</th>
</tr>
</thead>
</table>
| Professional Liability Athletic Trainer | AHY-631950002 | 06/06/2013 | 06/06/2014 | Per Incident/occurrence $1,000,000
|                   |                    |                |                | Annual Aggregate $3,000,000 |

**PROOF OF INSURANCE**

**Memorandum Holder:**

**PROOF OF COVERAGE ONLY**

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

**Authorized Representative**
Joan O'Sullivan

---

Marsh U.S. Consumer, a service of Seabury & Smith, Inc. In CA dba Seabury & Smith Insurance Program Management. CA Lic. #0633005
Premiere Athletic Training, LLC
Proposal for: Bethlehem Central School District

Staci Wiencko, ATC
5/9/2014
Premiere Athletic Training is a Limited Liability Company owned and operated by Staci Wiencko. Premiere Athletic Training, LLC (PremiereAT, LLC) agrees with the NATA, AMA, and AAFP that Certified Athletic Training services are an integral part of high school athletic programs and should be part of the school districts’ medical team. As such, PremiereAT, LLC would like to provide Bethlehem Central School District with an Athletic Trainer who is fully licensed and certified by the Board of Certification (BOC) and New York State.

PremiereAT, LLC will contract athletic training services to BCSD for approximately 25 hours a week totaling 1025 hours per school year for a five year contract, renewable annually. PremiereAT, LLC proposes an annual compensation for the services of $35,000. PremiereAT, LLC will invoice the District on a monthly basis for hours worked and will be paid from the District within 30 days of receipt.

The ATC will provide medical coverage for BCDS including: preventative taping and strapping, clinical evaluation, and treatment for minor injuries, including the application of first aid and other medical services. Basic education information regarding injury prevention and fitness, as well as recommendations for exercises or other measure of rehabilitation and reconditioning will also be provided. The ATC will refer to appropriate medical support services and personnel for further evaluation as needed.

The ATC will maintain accurate, detailed, and current records including student injury logs and treatment plans. Copies of these records will be submitted to the Athletic Director when requested.

PremiereAT, LLC will also provide an accurate list of current supplies and equipment; as well as any equipment that is required to perform the designated duties as Athletic Trainer. The ATC will ensure all medical kits are fully stocked, maintained, and readily available for coaches’ use.

The ATC for PremiereAT, LLC will maintain open communication between the students, coaches, parents, Athletic Director, and other medical support staff, assuming compliance with parental release and consent. The ATC will be available through phone and email to answer any questions or concerns as needed.

The ATC will always act in a professional and courteous manner in accordance with the NATA/BOC.

The ATC will perform all other tasks and responsibilities associated with athletic training or as required by the Athletic Director.
Premiere Athletic Training, LLC is covered with professional liability through Marsh Professional Liability Insurance, an A.M. Best rated "secured" insurer. PremiereAT, LLC is also covered with Workers' Compensation and NYS Disability through New York State Insurance Fund, policy #A2311292.

Premiere Athletic Training LLC, would provide these services through a nationally certified and NYS licensed Athletic Trainer. This would include:

Staci Wiencko, ATC
Premiere Athletic Training, LLC – owner
7 years of experience

Harold Smith, ATC
1 year of experience

Or a professional and certified Athletic Trainer that is mutually agreed upon by Premiere Athletic Training, LLC and BCSD. All Athletic Trainers associated with PremiereAT, LLC are nationally certified through NATABOC and state licensed through NYS Board of Education.

Thank you, in advance, for reviewing the proposal by Premiere Athletic Training, LLC. If you should have any questions or concerns, please contact me at 617-838-6689.

Sincerely,

Staci Wiencko, ATC
Premiere Athletic Training, LLC
References:

John Demeo
Bethlehem PE teacher and previous Athletic Director
518-439-4921
demejhs@bcasd.neric.org

Matt Rehbit
Bethlehem PE Teacher and Coach
518-439-4921
rehbmhs@bcasd.neric.org

Steve Miller
Schenectady Legends, Owner
518-378-8719
legendsproball@yahoo.com

Adam Cernauskas
Rudy A. Ciccotti Family Recreation Center, Fitness Manager
518-577-4520
acernauskas@ciccotticenter.org

Valerie Miller
Physical Therapist and mother of 3 student athletes at Ballston Spa
518-368-6927
millergrey@netzero.com
MEMORANDUM OF INSURANCE

<table>
<thead>
<tr>
<th>Producer</th>
<th>Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercer Consumer, a service of Mercer Health &amp; Benefits Administration LLC P.O. Box 14576 Des Moines, IA 50306-3576 <a href="http://www.proliability.com">www.proliability.com</a></td>
<td>Premiere Athletic Training 1359 Glenwood Boulevard Schenectady, NY 12308</td>
</tr>
</tbody>
</table>

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

| Company Affording Coverage | Liberty Insurance Underwriters, Inc. |

This is to certify that the Certificate listed below has 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 memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.

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<th>Certificate Number</th>
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<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Liability Athletic Trainer</td>
<td>AIY-691987002</td>
<td>11/21/2013</td>
<td>11/21/2014</td>
<td>Per Occurrence $1,000,000 Aggregate $3,000,000</td>
</tr>
<tr>
<td>General Liability</td>
<td></td>
<td></td>
<td></td>
<td>Per Occurrence Aggregate</td>
</tr>
</tbody>
</table>

Evidence of Insurance: Staci A Wiencko, Athletic Trainer is a covered person under the provisions of this policy. Memorandum Holder is added as an Additional Insured but only as respects to claims arising out of the sole negligence of the named insured subject to the terms and provisions of the policy.

<table>
<thead>
<tr>
<th>Memorandum Holder:</th>
<th>Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bethlehem Centreal School District 700 Delaware Avenue Delmar NY 12054</td>
<td>Mark Brostowitz Principal</td>
</tr>
</tbody>
</table>

Should the above described Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

CA Lic.# 0G39709, In CA db/a Mercer Health & Benefits Insurance Services LLC
Certified Athletic Trainer Proposal For:
Bethlehem CSD

5a) Top Form Inc, Incorporated S chapter 07/2000

5b) Ron Annis, ATC 1985, Ruth Goebel, ATC 1991, Rachel Shatney, ATC 2002, Jackie Coyne, ATC 2008. All Top Form ATC’s are licensed with NYS. Additionally, the entire staff is certified through NYS and Top Form to provide all required coaching education programming courses offered through Top Form Education. Any new hires will be held to same standards.

5c) 2014-5, $33k; 2015-16, $35k; 2016-7, $37k; 2017-18, $39,000; 2019-2020, $39,000

5d) Present biannual billing, agreed, Provide email invoice to Athletic Director

5e) Ronald K. Annis

5f) All requested insurances are common, standard and current with all our current 14 school contracts. Written proofs provided upon request.

5g) All ATC’s employed by Top Form Inc. are certified under the National Athletic Trainers Association and dually licensed by the NYS Education Department. Top Form Inc. is a registered provider with the NYS Education Department. Current ATC and Education provider contracts number fourteen. Written proofs provided upon request.

5h) References:
Mike Leonard, AD East Greenbush CSD 207-2080, leonardmi@egcsd.org
Scott Steltz, AD Chatham CSD, 392-2400 sssteltz@chathamschool.org
Mark Bubniak, AD Schodack CSD 732-7701, mbubniak@schodack.ny.k12.us
John Bishop, AD/Principal Averill Park CSD 674-7010, bishopj@averillpark.k12.ny.us
Tim Stewart, AD Ichabod Crane Schools, 758-2799 Tstewart@ichabodcrane.org

Ronal K. Annis, ATC, CSCS (PRESIDENT)
AGREEMENT

AGREEMENT made this 1st day of May, 2014, by Bethlehem Central School District, an Albany school registered under the laws of the State of New York, having a place of business at Delmar, New York, hereinafter referred to as the SCHOOL; and BELL'S AUTO DRIVING SCHOOL, INC., with a place of business at 15 Park Avenue, Suite 7, Clifton Park, New York 12065, hereinafter called the CONTRACTOR.

WITNESSETH:

WHEREAS, the SCHOOL intends to operate a program consisting of a "driver education program" commencing approximately June 30, 2014 through approximately June 30, 2015 at its premises in Delmar, New York; and

WHEREAS, the SCHOOL is desirous of entering into an agreement with the CONTRACTOR to perform all duties in connection with the in-car component of said NYSED approved driver education program.

NOW, therefore, in consideration of the mutual covenants exchanged herein and other good and valuable considerations, the parties agree as follows:

1. The CONTRACTOR shall provide at all times while he is performing the obligations of the agreement the following:

   A. Department of Motor Vehicles licensed operators in driver training as necessary for in-car instruction.

   B. Dual controlled automobiles equipped with air conditioning, automatic transmissions and power steering.

   C. Proof of valid insurance for the purpose of conducting in-car instruction

2. The CONTRACTOR agrees, without charge, to supply the necessary gasoline, repairs and insurance in connection with the operation of the automobile hereinbefore mentioned.

3. The CONTRACTOR agrees that it shall provide, per enrolled student, the following:

   A. Six hours of behind the wheel training.

   B. Eighteen hours of student observation.
These items the CONTRACTOR agrees will be supplied and available to each student enrolled in the course held by the SCHOOL herein. The exact times and dates of performance shall be agreed upon between the parties hereto by preparing a written schedule which will be annexed to this agreement.

4. The SCHOOL shall pay to the CONTRACTOR the sum of THREE HUNDRED FORTY-NINE DOLLARS ($349.00) per student, for the twenty-four hours of student instruction to be performed by the CONTRACTOR herein.

5. The SCHOOL agrees to provide the CONTRACTOR with a copy of their NYSED approval letter for the current Driver Education Program.

6. The SCHOOL agrees to give the CONTRACTOR a letter of recommendation and satisfaction at the completion of said program.

7. The CONTRACTOR shall at all times hold and save harmless the SCHOOL, its agents, servants, and/or employees, against any and all claims, charges, suits and damages of any kind in nature whatsoever, including but not restricted to death of or injury to persons, loss of or damage to property, as well as judgments, payments, costs or expenses resulting therefrom by whomsoever brought, arising out of or in connection with the performance of this contract, or any actions or activities incidental thereto.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals the day and year first written above.

BELL'S AUTO DRIVING SCHOOL, INC.   BETHLEHEM CENTRAL SCHOOL DISTRICT

By:  
ALBERT J. BELL  
President

By:  
JODY MONROE  
Assistant Superintendent