

FIELD RESERVATION REQUEST FORM

Caroline County Department of Recreation & Parks
 www.carolinerecreation.org
 General James F. Fretterd Community Center at
 107 S. 4th Street, Denton, MD 21629
 410-479-8120

Date/Time Stamp

Reservations are accepted **February 1** for Spring athletic play
 and **May 1** for Fall within the calendar year.
One application per field location.

Name of League/Organization: _____

Mailing Address: _____

Are you a non-profit organization? No Yes If yes, Fed ID# _____

Does your membership base consist of 2/3 Caroline County residents? No Yes

Name of Insurance Carrier: _____

Athletic Activity or Event Description: _____

Applicant & Contact Person Name: _____

Attach evidence or display ID to verify age 21 or older requirement.

Mailing Address of Contact: _____

Email contact: _____ Daytime Phone: _____

Cell Phone: _____ Fax Number : _____

If you are reserving fields for seasonal league play, attach contact information for team coaches or managers for each team authorized to use the fields and accountable for use according to the Department's Athletic Field Allocation & Use Policy, your insurance certificate, and your practice/game schedule.

Field Location Requested: _____

Date of Use Requested		Day of Week Requested (Please check)							Hours Requested	
									From	To
From Date	To Date	Mon	Tues	Wed	Thur	Fri	Sat	Sun	AM/PM	AM/PM

Complete Opposite Side

Will an admission fee for team participation be charged on the dates requested? ____NO ____YES; If yes, please detail:

Will an admission fee for spectators be charged on the dates requested: ____NO ____YES; If yes, please detail:

Dates of Concession Stand Operation (please list month/day):

Public sale or distribution of food requires a concession permit through the Caroline County Environmental Health Department. Get a temporary food service permit at www.carolinemd.org.

Please initial the following statements indicating your acceptance and understanding of the terms: (Review and initial below:)

- _____ I have access to and understand and accept the Department’s Athletic Field Allocation and Use Policy.
- _____ I understand players, coaches, managers, and spectators are required to adhere to the behavior standards for use of Department Athletic Fields.
- _____ I acknowledge that concussion awareness information has been made available to me through the CDC website www.cdc.gov/concussion ; I have reviewed it and will distribute this information to players, coaches, managers, parents and guardians.

I have attached the following information:

- _____ League Insurance Certificate specifying coverage for the duration of the reservation request **naming Caroline County Commissioners as other insured. School properties must also have Caroline County Board of Education as other insured.**
- _____ Contact information for team coaches/managers.
- _____ Official team game and/or practice schedule.
- _____ Youth Sports Program Use of CCRP/BOE school property concussion awareness parent/guardian acknowledgement statement.

Application will not be accepted and fields will not be reserved until all information is received.

The applicant whose signature is below assumes the responsibility to leave the facilities and grounds in an acceptable condition. The applicant is responsible for any breakage or property damage which occurs as a result of facility/grounds use. The applicant agrees to indemnify and hold harmless Caroline County Commissioners and its employees from any and all liability, claims, and judgments including attorney’s fees and court costs resulting from the usage pursuant to this contract and further agree to provide notice of any claims made against either applicant or Caroline County Commissioners immediately upon receipt through written notification to the Director of Recreation and Parks within five (5) days of receipt of the claim notice.

Signature of Applicant Contact

Date

For Office Use

Adopt-A-Field Partner
YES NO

Reservation Approval: _____
signature date

Calendar Entry date: _____ by: _____
date Staff initials

School notification: _____
date

Transmission of Reservation Confirmation: _____
BY (specify) : email mail fax date