

# FIELD RESERVATION REQUEST/APPROVAL 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 Received
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Approved by: \_\_\_\_\_ Date \_\_\_\_\_

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: \_\_\_\_\_

*Attach copy of current insurance certificate*

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 : \_\_\_\_\_

**2nd Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

***If you are reserving fields for seasonal league play, attach contact information yourself and another adult 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](http://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](http://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.**
- \_\_\_\_\_ Team game and/or practice schedule. (calendar provided)
- \_\_\_\_\_ 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: \_\_\_\_\_  
Staff initials

School notification: \_\_\_\_\_  
date

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