Youth Ball Field Request Form

Anderson Park District

This request is for: Youth _____ Spring Season _____ Fall Season _____
(please complete one request form per season)

Date Submitted:_____

I. Name of Requesting Organization_____

Name of Organization President / Representative_____

Address_____City_____State_____Zip_____

Day Phone _____Evening Phone _____Cell Phone_____

Email _____

Person who should receive the invoice (if different than above)**:**

Name_____

Address_____City_____State_____Zip_____

Day Phone _____Evening Phone _____Cell Phone_____

Email _____

Name of scheduler or rescheduler for games / practices / training (if different than above)**:**

Name_____

Address_____City_____State_____Zip_____

Day Phone _____Evening Phone _____Cell Phone_____

Email _____

Other special instructions:_____

_____

II. Team Information:

Age Range of Player: _____ **Basepath Distance:** _____ **Pitching Distance:** _____

# of Players _____ **# of Coaches** _____ **# of Anderson Township Resident Players** _____

III. Field Types, Locations, Days, Times, and Field Sizes:

A) Location(s) Requested (please rank priority choice with "1" being top priority):

Beech Acres #1 _____ (80, 90 base) Beech Acres #2 _____ (70 and below base) Juilfs #2 & #3 _____ (70 and below base) Laverty _____ (70 and below) Veterans _____ (any base distance)

Juilfs #1 aka Marty Brennaman Field (Turf) _____ (60, 65, 70 base) Riverside (Turf) _____ (RP2= 50, 60, 65, 70 base…RP4 & RP6= 60, 65, 70, 80 base…RP3 & RP5= 65, 70, 80, 90 base)

NOTE: Juilfs #1 and all fields at Riverside are Turf and have separate field fees. See fee and charges.

B) GAME: Field Type and Time Requests: Please rank your priority choice with "1" being top priority. ***If you do not want one of the times / field types listed, then leave those blank.***

1. **GAMES Field Type Preference:** **Grass/Dirt Field** _____ **Turf Field** _____

   A. I am willing to play games on <u>either</u> a grass/dirt field or a turf field _____ (yes or no)

   B. I am only willing to play games this type of field _____ (either grass/dirt or turf)

2. **GAME Times:** Please rank your priority choice with "1" being top priority. If you DO NOT want one of the times listed, then leave those times blank. ***Please rank each time under each field type separately (i.e., ranking for grass/dirt and separate ranking for turf).***

Game Times (M-F): Grass/Dirt Field	**Game Times (M-F): Turf Field**
5:15pm – 7:15pm _____	5:00pm – 7:00pm _____
5:30pm – 7:30pm _____	5:15pm – 7:15pm _____
6:00pm – 8:00pm _____	5:30pm – 7:30pm _____
6:30pm – 8:30pm _____	7:30pm – 9:30pm _____
6:45pm – 8:45pm _____	7:45pm – 9:45pm _____
7:00pm – 9:00pm _____	8:00pm – 10:00pm _____

C) GAME Date Requests: You may submit up to 8 weeknight game dates and up to 8 weekend game dates. Games are booked for 2 hours. Please provide alternative dates for each date requested.

<u>Monday – Friday Game Dates Requesting:</u>	**<u>Saturday – Sunday Game Dates Requesting:</u>**
1._____ …Alternate Date(s): _____	1._____...Alternate Date(s): _____
2._____ …Alternate Date(s): _____	2._____...Alternate Date(s): _____
3._____ …Alternate Date(s): _____	3._____...Alternate Date(s): _____
4._____ …Alternate Date(s): _____	4._____...Alternate Date(s): _____
5._____ …Alternate Date(s): _____	5._____...Alternate Date(s): _____
6._____ …Alternate Date(s): _____	6._____...Alternate Date(s): _____
7._____ …Alternate Date(s): _____	7._____...Alternate Date(s): _____
8._____ …Alternate Date(s): _____	8._____...Alternate Date(s): _____

Saturday Game Times Requesting: _____

Sunday Game Times Requesting: _____

Special Notes for Game Requests:

_____

D) PRACTICE: Field Type and Time Requests: Please rank your priority choice with "1" being top priority. ***If you do not want one of the times / field types listed, then leave those blank.***

1. **PRACTICE Field Type Preference:** **Grass/Dirt Field** _____ **Turf Field** _____

   C. I am willing to practice on <u>either</u> a grass/dirt field or a turf field _____ (yes or no)

   D. I am only willing to practice on this type of field _____ (either grass/dirt or turf)

2. **PRACTICE Times:** Please rank your priority choice with "1" being top priority. If you DO NOT want one of the times listed, then leave those times blank. ***Please rank each time under each field type separately (i.e., ranking for grass/dirt and separate ranking for turf).***

PRATICE Times (M-F): Grass/Dirt Field

5:00pm – 6:30pm _____	5:30pm – 7:00pm _____	6:00pm – 7:30pm _____
6:30pm – 8:00pm _____	7:00pm – 8:30pm _____	7:30pm – 9:00pm _____

PRACTICE Times (M-F): Turf Field

5:00pm – 6:30pm _____	5:00pm – 7:00pm _____	5:30pm – 7:00pm _____
6:30pm – 8:00pm _____	7:00pm – 8:30pm _____	7:30pm – 9:00pm _____
7:30pm – 9:30pm _____	8:00pm – 9:30pm _____	8:30pm – 10:00pm _____

E) PRACTICE Date Requests: You may submit up to 12 weeknight practice dates and up to 6 weekend practice dates. Please provide alternative dates for each date requested.

<u>Monday - Friday Practice Dates Requesting:</u>

1._____ …Alternate Date(s): _____
2._____ …Alternate Date(s): _____
3._____ …Alternate Date(s): _____
4._____ …Alternate Date(s): _____
5._____ …Alternate Date(s): _____
6._____ …Alternate Date(s): _____
7._____ …Alternate Date(s): _____
8._____ …Alternate Date(s): _____
9._____ …Alternate Date(s): _____
10._____ …Alternate Date(s): _____
11._____ …Alternate Date(s): _____
12._____ …Alternate Date(s): _____

<u>Saturday – Sunday Practice Dates Requesting:</u>

1._____…Alternate Date(s): _____
2._____…Alternate Date(s): _____
3._____…Alternate Date(s): _____
4._____…Alternate Date(s): _____
5._____…Alternate Date(s): _____
6._____…Alternate Date(s): _____

Sat/Sun Practice Time Requesting:

_____

_____

Note: Practices are booked based on availability. Additional practices may be requested after initial permitting.

III. Liability Insurance – Proof of Insurance is required

The organization agrees to forward a Certificate of Insurance with Anderson Park District named as an additional insured to: Anderson Park District, 6915 Beechmont Ave., Cincinnati, Ohio 45230 or fax to 513-388-2494. Field permits will not be issued until all forms and certificates are received.

Name of Liability Insurance Carrier Agency _____

Phone _____Agent's Name _____

Limits of Liability _____

IV. Permit

The APD reserves the right to alter field permits to accommodate field conditions and other events.

V. Acknowledgments and Release of Liability

The Anderson Park District reserves the right to require a surety bond & deposit for any event.

Release, Hold Harmless, and Indemnification Agreement

Renter by and through the undersigned representative hereby covenants and agrees that Renter releases, holds harmless, and indemnifies Anderson Township Park District dba Anderson Park District ("APD"), Anderson Foundation for Parks and Recreation, and their respective boards, trustees, employees, agents, attorneys, volunteers, and assignees from any and all loss, claim, judgment, damage, or any amount owed by reason of any further claim, demand and/or action at law or in equity that may at any time hereinafter be brought or made against any of them with the intent, or for the purpose of establishing or enforcing any further claim related to, or arising from or on account of injuries, property damage or in any way related to the rental of APD facilities by this Renter. This indemnification clause specifically includes the payment of attorney's fees and/or legal expenses necessarily incurred to defend any and all claims made. Renter hereby acknowledges that no member of the "renter" organization is acting as an agent, representative, employee, or contractor of the APD, its agents or representatives.

Legal Compliance

Renter agrees to follow and adhere to all local, state, and federal laws applicable to the rental of the APD facilities and the activities emanating there from including but not limited to health, worker's compensation, discrimination, licensing laws, APD Rules and Regulations, and APD Field Policies. Renter must be at least 18 years of age. Film and/or video production for commercial purposes is prohibited without prior written permission from the Executive Director.

Ohio's Return to Play Law and Ohio's Lindsay's Law

Youth sports organizations, coaches, referees, officials, and instructors are required to follow the guidelines for concussion training, safety, and awareness requirements as presented in Ohio's Return to Play Law and the APD's Concussion Policy. Youth sports organizations, coaches, parents, and players are required to follow the guidelines for sudden cardiac arrest education and training as presented by the Ohio Department of Health in accordance with Ohio's Lindsay's Law.

Notification of Participants

The Renter agrees to notify and inform all participants of the organization of the aforementioned information and responsibilities. As the renter you are the responsible party. This includes damage and excessive trash not disposed of in appropriate manner.

Authority to Bind Organizations

The Representative confirms and warrants that by executing this Agreement and Application on behalf of the Renter, he/she has full authority to so act on behalf of the Renter and to bind the Renter to the terms of this agreement. The term "Renter" includes the Organization listed above, its members, agents, assigns and those persons assisting the Organization in its efforts and performing its duties hereunder.

Please sign and return this sheet with your payment

Please check the dates & times listed on the invoice to confirm accuracy. If there are any problems with your reservation, please call (513) 474-0003. If everything is correct, please sign and return. Payment types accepted: Visa, Master Card, Discover, American Express, Check, or Cash.

Organization Name "Renter" _____

Signature of Request Form Representative _____

Printed Signature Name _____

Date _____

This form must be signed for this request to be considered

Facility Assistance
If you encounter any problems, please feel free to phone the **APD on-call staff at (513) 266-3487**.

Emergency Assistance
If an emergency should arise, please call **911**. If you need a park resource officer to respond, you may call the **Hamilton County Sheriff Dispatch at (513) 825-2280** and describe the location and nature of your request.

General Requirements and Conditions
Organizations holding permits for any field(s) that follow an area high school team, needs to be flexible about games that may run longer than anticipated. All field users agree to follow the APD "Field Use Policies". If coaches, league representatives, or referees deem conditions (including weather and/or other factors) to render a field unsafe, they must stop play immediately.

Practice Fields
Goals and lines are not available until your league's first scheduled game.

Photos
The APD reserves the right to publish photos and video taken on Anderson Park District property.

Field Repair
Only individuals with current APD Field Repair Certification are permitted to work on APD fields.

Weather Status Hotline
Rainout Line is the weather status hotline for Anderson Park District for fields. Field status updates can be found on our website, www.AndersonParks.com (under the Field & Activity Status tab at the top of the home page), on the Rainout Line website, www.RainoutLine.com (search Anderson Parks) or download the Rainout Line App for free on smart devices. Rainout Line offers subscribers instant field status and the ability to sign up for text or email alerts. A traditional call-in hotline, 513-443-3003, is also available with separate field extensions. When a field is closed, fields are not to be played on under any circumstances. If a team or group plays or practices on a closed field, they will be subject to a $150.00 fine plus damages and may be subject to a one-year suspension of eligibility for use of any APD field even if coaches and/or officials are not present.

Late Fees
If payment is not received by the invoice due date, a 10% charge will be added each month until payment is received.

Clean Up
Help keep your parks clean. Remember to clean up after your event. A clean-up fee of $40.00 per hour will be assessed for trash that has not been placed in the trash receptacles.

For Office Use Only:

Date Request Received_____ Date Proof of Insurance Received_____

Date Request Approved_____ Notified of Approval Date_____

How was notification communicated by?

Letter or Voice / Message