

**SOLEBURY TOWNSHIP
PARKS and RECREATION**

3092 Suga Road, P.O. Box 139
Solebury, PA 18963
Ofc: 215-297-5702 Fax: 215-297-8402
soleburyparks@soleburytpw.org



APPLICATION FOR USE OF PARKS & RECREATION FIELDS and FACILITIES-2010

Date of Application: _____ Application Fee \$25.00

Name of Organization: _____

Name of Applicant: _____
(Responsible officer of the Organization)

Mailing Address: Street _____
Town _____ State _____ Zip _____

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|------------------|
| DATE _____ |
| APPROVED _____ |
| DENIED _____ |
| FEE _____ |
| LIABILITY _____ |
| MEDICAL _____ |
| BACKGROUND _____ |

Home Phone: _____ Work Phone: _____ Fax: _____

Cell Phone: _____ Email Address: _____

FACILITY USE INFORMATION:

- FACILITY / FIELD REQUESTED: _____
- DATE (S) REQUESTED: _____
- TIME (ACTUAL TIMES FACILITY WILL BE USED): FROM _____ TO _____
- DESCRIPTION OF USE: _____
- NUMBER OF ATTENDEES: _____

USER FEES (Payment must be received within FIFTEEN days of approval and PRIOR TO THE EVENT)
No Bathroom Facilities Are Provided (Unless specific arrangements are made with the Parks Director for an additional fee of \$50).

Single Day / Event Use:
Athletic Fields (Multi-purpose/Soccer / Baseball / Softball/Football/Lacrosse, etc) and Facilities
\$150.00 per field / facility per day

Season Use:
Negotiated with Director of Parks and Recreation / Dependent on Township Partner Organization Use

Security Deposit (To be returned upon final inspection by Solebury Township) \$250.00

WAIVER AUTHORIZATION AND GENERAL RELEASE:

I, in consideration of myself / my organization and attendees being permitted to participate on a SOLEBURY TOWNSHIP recreational field or facility, on behalf of myself and / or my organization and attendees, our heirs, personal representatives and assigns hereby release SOLEBURY TOWNSHIP, BUCKS CO., PA, its Supervisors, agents, employees, officers, successors and assigns from all liability, actions, suits, and claims, including but not limited to, wrongful death, personal injury, negligence, and intentional torts, and hereby waive all such claims which may be raised by me, my organization and attendees, our heirs, personal representatives or assigns.

Signature of Applicant _____ Date _____

ALL APPLICANTS SHALL COMPLY WITH THE REQUIREMENTS FOR INSURANCE AND BACKGROUND CLEARANCES LISTED ON ATTACHMENT "A" WHICH IS HEREBY MADE PART OF THIS APPLICATION FORM.

ATTACHMENT "A"

INSURANCE REQUIREMENTS

IF APPROVED, A CERTIFICATE OF LIABILITY INSURANCE MUST BE RECEIVED WITHIN FIFTEEN DAYS (PRIOR TO THE EVENT) IN THE AMOUNT OF \$1,000,000 / \$3,000,000 NAMING SOLEBURY TOWNSHIP AS AN ADDITIONAL INSURED ON THE POLICY.

IF APPROVED, A CERTIFICATE OF MEDICAL / ACCIDENT INSURANCE MUST BE RECEIVED WITHIN FIFTEEN DAYS (PRIOR TO THE EVENT).

IF THE ORGANIZATION DOES NOT PROVIDE MEDICAL / ACCIDENT INSURANCE FOR ITS PARTICIPANTS, THEN THE ORGANIZATION'S REGISTRATION FORM OR OTHER NOTICE SHALL HAVE THE FOLLOWING STATEMENT CONSPICUOUSLY PRINTED ON THE FIRST PAGE OF THE FORM OR PARTICIPANT NOTICE:

"MEDICAL / ACCIDENT INSURANCE IS NOT PROVIDED BY EITHER SOLEBURY TOWNSHIP OR BY THE ORGANIZATION"

A SPACE SHALL BE PROVIDED IMMEDIATELY BELOW THE STATEMENT FOR THE INDIVIDUAL REGISTRANT TO PROVIDE THE NAME AND POLICY NUMBER OF THEIR INDIVIDUAL MEDICAL INSURANCE COVERAGE.

BACKGROUND CLEARANCE REQUIREMENTS

THE APPLICANT / ORGANIZATION SHALL CERTIFY BY LETTER TO SOLEBURY TOWNSHIP THAT ALL INDIVIDUALS ASSOCIATED WITH THE ORGANIZATION, SUCH AS BUT NOT LIMITED TO, COACHES, OFFICERS, REFEREES, VOLUNTEER AIDS, ADMINISTRATIVE PERSONNEL, AND THE LIKE, WHO HAVE A SIGNIFICANT LIKELIHOOD OF REGULAR CONTACT WITH CHILDREN, HAVE BEEN CLEARED BY A BACKGROUND SCREENING AGENCY IN ACCORDANCE WITH THE APPLICABLE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA:

1. PENNSYLVANIA STATE POLICE CRIMINAL RECORD BACKGROUND CHECK, OR SIMILAR BACKGROUND SCREENING PROCESS ACCEPTABLE TO SOLEBURY TOWNSHIP
2. PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE CHILD ABUSE CLEARANCE
3. THE UNITED STATES DEPARTMENT OF JUSTICE NATIONAL SEX OFFENDER PUBLIC REGISTRY.
4. FBI FINGERPRINT SCREENING

A LIST OF ALL INDIVIDUALS (FIRST, MIDDLE, LAST NAME) THAT HAVE BEEN CLEARED BY THE BACKGROUND SCREENING PROCESS SHALL BE PROVIDED TO SOLEBURY TOWNSHIP TOGETHER WITH THE CERTIFICATION LETTER.

NO CERTIFICATION SHALL BE OLDER THAN ONE YEAR. EACH CERTIFICATION SHALL HAVE BEEN PERFORMED IN ORDER TO ENCOMPASS THE ENTIRE DATES OF USE REQUESTED WITHIN THE ONE YEAR TIME PERIOD.

COMPLIANCE WITH RULES AND REGULATIONS

BY SIGNING THIS FORM, APPLICANT / ORGANIZATION AGREES TO COMPLY WITH ALL RULES AND REGULATIONS OF SOLEBURY TOWNSHIP AND TO BE RESPONSIBLE FOR CLEANING THE AREA UPON DEPARTURE.