

**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

Date of Application: _____

Application Fee \$25.00

Name of Organization: _____

Name of Applicant: _____
(Organization President)

Mailing Address: Street _____

Town _____ State _____ Zip _____

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 FOURTEEN 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 \$25-\$100 per use period for existing facilities, based on the number of people (excluding portable toilets). Portable toilets, if approved, are paid for in advance to the Township by the USER and are ordered only by the Township who shall determine the total number and placement location.

ATTACHMENT "D" IS REQUIRED IN ALL CASES FOR USE OF THE BATHROOM FACILITIES.

Single Day / Event Use per 4 Hour Time Block

ATHLETIC FIELDS & FACILITIES: Multi-purpose / Baseball / Softball / Football, Lacrosse, Pickleball Courts, OR Any Other Facilities = (\$100.00 per field / court / facility per 4 hour use)

PAVILIONS: \$25 (0-25 persons) / \$50 (26-50 persons) / \$75 (51-100 persons) / \$100 (101-200 persons)
OVER 200 PERSONS – CONTACT PARK DIRECTOR AT 215-297-5702

Season Use:

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

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

Non-Resident Fee for Sports Organization Use: \$50 per Non-Resident (See Attachment "A" for Details)

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 any and 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 / President _____ Date _____

**APPLICANTS SHALL COMPLY WITH THE REQUIREMENTS LISTED ON
ATTACHMENTS "A" / "B" / "C" / "D" WHICH ARE HEREBY MADE A PART OF THIS APPLICATION FORM**

DATE _____
APPROVED _____
DENIED _____
FEE _____
NON-RES FEE _____
LIABILITY _____
BACKGROUND _____
COVID-19 _____

ATTACHMENT "A"

INSURANCE REQUIREMENTS

IF APPROVED, A CERTIFICATE OF LIABILITY INSURANCE MUST BE RECEIVED AT LEAST FOURTEEN DAYS PRIOR TO THE EVENT, IN THE AMOUNT OF \$1,000,000 PER OCCURRENCE / \$2,000,000 AGGREGATE NAMING SOLEBURY TOWNSHIP AS AN ADDITIONAL INSURED/ CERTIFICATE HOLDER.

MEDICAL / ACCIDENT / LIABILITY INSURANCE IS NOT PROVIDED BY SOLEBURY TOWNSHIP.

BACKGROUND CLEARANCE REQUIREMENTS

THE APPLICANT / ORGANIZATION PRESIDENT SHALL CERTIFY BY LETTER TO SOLEBURY TOWNSHIP (OR BY PROVIDING COPIES OF CERTIFICATES), THAT ALL INDIVIDUALS ASSOCIATED WITH THE EVENT AND 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 AND THE CHILD PROTECTIVE SERVICES LAW. THIS INCLUDES THE FOLLOWING CLEARANCES OR OTHERS AS MAY BE REQUIRED BY LAW:

1. PENNSYLVANIA STATE POLICE CRIMINAL RECORD BACKGROUND CHECK
2. PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE CHILD ABUSE CLEARANCE
3. FBI FINGERPRINT SCREENING OR 10-YEAR RESIDENT AFFIDAVIT CPSL

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 SIGNED CERTIFICATION LETTER (SEE ATTACHMENT "B")

NO CERTIFICATION SHALL BE OLDER THAN FIVE (5) YEARS. EACH CERTIFICATION SHALL HAVE BEEN PERFORMED IN ORDER TO ENCOMPASS THE ENTIRE DATES OF USE REQUESTED WITHIN THE ONE YEAR TIME PERIOD.

CONCUSSION PROTOCOL REQUIREMENTS

THE APPLICANT / ORGANIZATION SHALL CERTIFY BY LETTER TO SOLEBURY TOWNSHIP (OR BY PROVIDING COPIES OF CERTIFICATES), THAT ALL INDIVIDUALS ASSOCIATED WITH THE EVENT OR ORGANIZATION ON THE PLAYING FIELD, SUCH AS BUT NOT LIMITED TO, COACHES, ASSISTANTS, REFEREES AND THE LIKE, HAVE COMPLETED A COURSE OF TRAINING IN CONCUSSION PROTOCOL SUCH AS PROVIDED BY THE CDC ON ITS WEBSITE AT THE LINK BELOW.

<https://www.cdc.gov/headsup/youthsports/training/index.html>

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 ANY AND/OR ALL DAMAGES THAT OCCUR DURING SAID USE AND FOR CLEANING THE AREA UPON DEPARTURE.

COVID-19 / DECLARED HEALTH EMERGENCY GUIDELINES

SEE ATTACHMENT "C" FOR GUIDELINES AND REQUIREMENTS RELATED TO COVID-19 AND DECLARED HEALTH EMERGENCIES AS APPLICABLE.

NON-RESIDENT SPORTS FEE

PER SOLEBURY TOWNSHIP POLICY, AS APPROVED BY THE BOARD OF SUPERVISORS, SPORTS ORGANIZATIONS SHALL BE ASSESSED A SEPARATE FEE (IN ADDITION TO ANY OTHER REQUIRED FACILITY USE FEES), OF \$50 FOR EACH NON-RESIDENT PLAYER ON THE ROSTER THAT RESIDES OUTSIDE THE BOUNDARY LINES OF SOLEBURY TOWNSHIP AND/OR NEW HOPE BOROUGH. IF THIS APPLICATION IS APPROVED, THE SPORTS ORGANIZATION MUST GIVE SOLEBURY TOWNSHIP THE COMPLETE ROSTER SHOWING THE FULL NAME, STREET ADDRESS, CITY, STATE, ZIP CODE FOR ALL REGISTERED PLAYERS AND PAY SAID FEE PRIOR TO THE START OF USE OF THE REQUESTED FACILITY FOLLOWING A DETERMINATION BY SOLEBURY TOWNSHIP.

ATTACHMENT "B"

BACKGROUND CLEARANCE CERTIFICATION AND CONCUSSION PROTOCOL CERTIFICATION

TO: SOLEBURY TOWNSHIP

FROM: _____
PRINTED NAME OF APPLICANT / ORGANIZATION PRESIDENT

1. THE ABOVE NAMED APPLICANT / ORGANIZATION PRESIDENT DOES HEREBY CERTIFY (OR IS PROVIDING COPIES OF CERTIFICATES), TO SOLEBURY TOWNSHIP THAT DURING ITS USE OF TOWNSHIP FACILITIES OR AS OTHERWISE REQUIRED BY A TOWNSHIP PROGRAM AT OTHER LOCATIONS, ALL INDIVIDUALS, VOLUNTEERS AND/OR EMPLOYEES ASSOCIATED WITH THE ORGANIZATION, SUCH AS BUT NOT LIMITED TO, COACHES, ASSISTANTS, OFFICERS, REFEREES, VOLUNTEER AIDS, ADMINISTRATIVE PERSONNEL, INSTRUCTORS AND THE LIKE, WHO HAVE A SIGNIFICANT LIKELIHOOD OF REGULAR CONTACT WITH CHILDREN, HAVE BEEN CLEARED BY A BACKGROUND SCREENING IN ACCORDANCE WITH THE APPLICABLE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA AND THE CHILD PROTECTIVE SERVICES LAW. THIS INCLUDES THE FOLLOWING CLEARANCES OR OTHERS AS MAY BE REQUIRED BY LAW.

1. PENNSYLVANIA STATE POLICE CRIMINAL RECORD BACKGROUND CHECK
2. PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE CHILD ABUSE CLEARANCE
3. FBI FINGERPRINT SCREENING OR 10-YEAR RESIDENT AFFADAVIT CPSL

A LIST OF ALL INDIVIDUALS (FIRST, MIDDLE, LAST NAME) THAT HAVE BEEN CLEARED BY THIS BACKGROUND SCREENING PROCESS AND ARE PARTICIPATING IS INCLUDED WITH THIS LETTER, OR HAS ALREADY BEEN PROVIDED TO SOLEBURY TOWNSHIP.

NO CERTIFICATION SHALL BE OLDER THAN FIVE (5) YEARS. EACH CERTIFICATION HAS BEEN PERFORMED IN ORDER TO ENCOMPASS THE ENTIRE DATES OF USE REQUESTED.

2. THE APPLICANT / ORGANIZATION PRESIDENT FURTHER CERTIFIES (OR IS PROVIDING COPIES OF CERTIFICATES), THAT ALL INDIVIDUALS ASSOCIATED WITH THE ORGANIZATION ON THE PLAYING FIELD, SUCH AS BUT NOT LIMITED TO, COACHES, ASSISTANTS, REFEREES AND THE LIKE, HAVE COMPLETED A COURSE OF TRAINING IN CONCUSSION PROTOCOL SUCH AS PROVIDED BY THE CDC ON ITS WEBSITE AT <https://www.cdc.gov/headsup/youthsports/training/index.html>

SIGNATURE OF APPLICANT / ORGANIZATION PRESIDENT

DATE

ATTACHMENT "C"

COVID-19 AND HEALTH EMERGENCY CDC COMPLIANCE GUIDELINES AND STATE OF PENNSYLVANIA REQUIREMENTS

ALL APPLICANTS MUST ANSWER THE QUESTIONS BELOW AND DESCRIBE ***IN DETAIL*** THEIR PLAN FOR COMPLIANCE WITH THE GUIDELINES AND REQUIREMENTS OF THE CENTERS FOR DISEASE CONTROL (CDC), STATE OF PENNDYLVANIA, BUCKS COUNTY EMERGENCY SERVICES DIRECTIVES, AND BUCKS COUNTY DEPARTMENT OF HEALTH. PLEASE USE ADDITIONAL SHEETS IF NECESSARY.

1. THIS EVENT TAKES PLACE DURING A COVID 19 OR DECLARED HEALTH EMERGENCY?

YES _____ NO _____ (If you answer No, then stop here).

2. THIS EVENT / PLAN HAS BEEN REVIEWED AND APPROVED BY THE BUCKS COUNTY DEPARTMENT OF HEALTH (If required by the Commonwealth of PA).

YES _____ NO _____

3. PLEASE DESCRIBE YOUR PLAN OF OPERATION AS IT RELATES TO CHECK-IN AND MONITORING OF PARTICIPANTS, CLEANING AND DISINFECTING OF EQUIPMENT, BATHROOMS AND FACILITIES, SOCIAL DISTANCING, AND THE ABOVE GUIDELINES. **PLEASE BE SPECIFIC.**

SIGNATURE OF APPLICANT / ORGANIZATION PRESIDENT

DATE

ATTACHMENT "D"

BATHROOM FACILITIES AGREEMENT AND CERTIFICATION

THIS CERTIFIES THAT THE PERSON NAMED BELOW ASSUMES RESPONSIBILITY FOR THE FREQUENT CLEANING, DISINFECTING AND MONITORING OF THE PARK BATHROOMS DURING THEIR ENTIRE USE FOR THE PERIOD OF THE EVENT, AND WILL COMPLY WITH ALL GUIDELINES AND REQUIREMENTS OF THE PA DEPARTMENT OF HEALTH AND THE CDC.

RESPONSIBLE PARTY (Printed Name): _____

SIGNATURE OF RESPONSIBLE PARTY _____

PHONE NUMBER _____ EMAIL _____

FEE TO BE DETERMINED BY THE DIRECTOR OF PARKS AND RECREATION UPON REVIEW OF THE COMPLETED APPLICATION.

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.

In addition, I hereby agree to pay the Bathroom Use Fee and comply with all of the special instructions listed below.

SIGNATURE OF APPLICANT / ORGANIZATION PRESIDENT

DATE

Do not write below this line

BATHROOM USE FEE: \$ _____

SPECIAL INSTRUCTIONS: