**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_2018 \_\_\_ Season: Spring\_\_**

**Required by the seasonal due date:**

 **\_\_\_\_** Permit Application

 \_\_\_\_ A roster including the names of all registered participants as of permit application date.

 \_\_\_\_ 25% Non Refundable deposit payment of User Fee (see League user Fee schedule)

 \_\_\_\_ Schedule of games and tournaments including times for the field(s) requested.

 \_\_\_\_ List of current Board of Directors (with Titles) and Field Manager including email and cell phone information.

 \_\_\_\_ Confirmation in writing on league/organizational letterhead, by the League/organization president that CORI checks have been completed on all coaches, volunteers or anyone involved with children less than 18 years old.

 \_\_\_\_ Copy of a Certificate of Insurance general Liability naming the Town of Abington as additionally insured for a minimum of $1,000,000 per incident coverage and $3,000,000 aggregate general liability coverage.

 \_\_\_\_ Copy of the signed Abington Park and Recreation Indemnity Clause & Disclaimer

 by League President.

**ALL OF THE ITEMS MUST BE SUBMITTED IN ORDER FOR THE**

**APPLICATION TO BE PROCESSED.**

 **Required Within Two Weeks after Final League Deadline:**

 **\_\_\_\_** A final roster including the names and addresses of all registered participants as of

 the date that the league **will no longer accept registrations.**

 **\_\_\_\_** Remaining payment of League User Fee per registered participant for the difference

 between the 25% deposit payment made at permit application and the total due based on the final roster submitted.

 **Any league/organization not disclosing the final roster and payment will be subject to our disciplinary policy.**

 PERMIT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOWN OF ABINGTON**

**PARK AND RECREATION DEPARTMENT**

781-982-2125

350 SUMMER STREET

ABINGTON, MA 02351

APPLICATIONS FOR FIELD ASSIGNMENTS / PERMITS

Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIELDS REQUESTED**

 **Arnold Park:** Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

 Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Beaver Brook** Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

 **Softball Fields**: Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Beaver Brook** Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

**Baseball Fields:** Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Green Street:** Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

 Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Griffin Dairy:** Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

 Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Laidler:** Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

 Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Memorial Field:** Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

 Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Murphy:** Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

 Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plymouth Street:** Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

 Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reilly Field:** Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

 Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Woodsdale:** Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_

 Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The person whose name appears above is responsible for the actions of all persons using the field site in association with this permit. This includes the collection and payment of the fee set by Park and Recreation Board used as a “Field Maintenance Fee”. This fee will be assessed on each athlete during each season of play. Payment must be provided prior to the beginning of the season.

**Abington Park & Recreation**

**Indemnity Clause & Disclaimer**

I have read, understood and agree to all of the rules, regulations, terms, conditions and limitations listed in the Abington Park and Recreation “Field Permit Policy Handbook” and understand the consequences of not complying with these policies. In consideration of being permitted to use the Abington Park and Recreation facilities, I, behalf of my members and players from my organization, league or group, shall indemnify, defend and hold the Town of Abington, its departments, employees and officials harmless from any and all claims, demands, liabilities, actions, cause of actions, cost and expenses, including attorney fees arising out of the use of the playing fields, parks, facilities and equipment. Any one person or group utilizing and Abington

Park and recreation facilities, fields, parks, and equipment will do so at their own risk.

The permit will be immediately revoked for the use of alcohol, tobacco products, any illegal substance and violation of the law and any behavior deemed inappropriate by the Abington Park and Recreation Commission or Department or his duly appointed representatives. If at any time an unfavorable condition exists or conduct by a participant or participants is deemed inappropriate, the Park and Recreation Superintendent or his duly appointed representative reserves the right, in the interest of public safety, to discontinue all activities or dismiss the person or persons detrimental to the activity.

All incidents or accidents should be reported immediately to the Abington Park and Recreation Department.

**My signature below indicates that I have read and agree to the above disclaimer, received and read a copy of the “Field Permit Policy Handbook” and will fully abide by the terms, conditions and provisions contained or referred to therein.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant/League President Organization/League

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Code

 Home #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_