

PERMIT for FIELD/FACILITY RESERVATION REQUEST FORM
Phase 3 Modified for 2020 COVID-19 on August 14, 2020

TOWN OF ATKINSON Recreation Department
Mailing address: Atkinson Town Hall 19 Academy Avenue Atkinson, NH 03811
Office: Atkinson Community Center 4 Main Street Atkinson NH 03811
603 362-5531 / commrec@atkinson-nh.gov

FIRST NAME: _____ LAST NAME: _____

The applicant is over 18 years of age: Yes ___ No___

EMAIL: _____

COMPANY/ORGANIZATION: _____

TYPE OF ORGANIZATION: (please circle)

INTERNAL LOCAL NON-PROFIT BUSINESS FOR PROFIT OTHER

ADDRESS: _____
street town state zip

PHONE: HOME: _____ CELL: _____

SECOND CONTACT: _____
RELATION _____

PHONE: HOME: _____ CELL: _____

Intl. _____ I understand the Atkinson Recreation Commission is adopting suggested guidelines from “COVID-19 Reopening Guidance from the Governor’s Economic Reopening Taskforce.

- Universal Guidelines
- FOR AMATEUR AND YOUTH SPORTS LEAGUES: You must follow “Covid-19 Reopening Guidance from the Governor’s Economic Reopening Taskforce” Amateur and Youth Sports:
- FOR OTHER HEALTH & FITNESS GROUPS: You must follow “Covid-19 Reopening Guidance from the Governor’s Economic Reopening Taskforce “Health and Fitness”

Intl. _____ I understand if we encounter any players/ individuals with COVID-19 infection, the Head Coach / Group leader of this player / individual will provide contact tracing information to participants and to the Town of Atkinson, and quarantine for 14 days anyone in contact with the infection.

Intl. _____ I understand the CDC guidance for cleaning and disinfection policies

Intl. _____ I understand the Permit will be revoked should the Police, Selectman or Recreation Commission member find noncompliance.

I (We) assume full responsibility for any damages to Town of Atkinson equipment and/or property that occur as a result of the requested use. Furthermore, I (We) understand that Town of Atkinson, its staff,

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and members of the Atkinson Recreation Department, (including but not limited to the Recreation Coordinator, Recreation Commission, and any other volunteers and agent of the Recreation Department) will not be held liable for any injury or damage which may occur to me, my guests, and /or members of the above-named organization and or property during our requested use of the facility. Sport groups and organizations not sponsored by the Atkinson Recreation Department must provide a Certificate of Insurance, naming the Town of Atkinson, its agents, servants and employees as additional insured, evidencing the following: Certificate of general liability insurance with per occurrence and aggregate limits of not less than \$1,000,000.

APPLICANT NAME (PRINT) _____

APPLICANT SINGATURE _____ DATE: ____/____/____

THE ABOVE APPLICATION IS HEREBY APPROVED UNDER THE CONDITIONS STAT

- INSURANCE FORM ATTACHED? YES___ NO___ (when will it be available? ____/____/____)
- SCHEDULES AVAILABLE? YES___ (please attach or email.)
NO___ (when will it be available? ____/____/____)
- FEES: NON-PROFI GROUPS - NO FEE. Atkinson Recreation accept donations. _\$ _____
BUSINESS FOR PROFIT -20 % OF PROFIT and accept donations. _\$ _____
Check # _____ / CC #: _____ Expo. Date ____/____

FIELD/FACILITIES REQUESTED: (please circle)

- **WOODLOCK PARK:**
 SOCCER 1 SOCCER 2 TENNIS COURT 1 TENNIS COURT 2
 BASEBALL FIELD 1 BASEBALL FIELD 2 BASEBALL FIELD 3 BASEBALL FIELD 4
 PLAYGROUND BASKETBALL PAVILION BATHROOM ELECTRICITY WATER

DAY(S) OF WEEK REQUESTED: (please circle) M T W TH F SA SU
 DATE(S): from _____ to _____ TIME(S): from _____ to _____

- **COLLINS PARK:**
 LACROSSE FIELD MULTI-PURPOSE WALKING TRAIL

DAY(S) OF WEEK REQUESTED: (please circle) M T W TH F SA SU
 DATE(S): from _____ to _____ TIME(S): from _____ to _____

 Approved by Atkinson Board of Selectmen: _____ Date: ____/____/____

Approved by Atkinson Recreation Commission: _____ Date: ____/____/____

Office Use Only
 Date Received: _____ Security Deposit Check # _____ (if required)
 Fees: \$ _____ Check/ CC #: _____ Expo. Date ____/____
 Other charges: _____
 Applicant Notified? _____ Date: _____