

# Galloway Community Services

621 W. White Horse Pike, Egg Harbor, N.J. 08215

(609) 241-0692 Fax (609) 568-5325 Web: [www.gtnj.org](http://www.gtnj.org) E-Mail: [CommunityServices@gtmj.org](mailto:CommunityServices@gtmj.org)

## Sports Field Use Instructions

Typable application can be found at [www.gtnj.org](http://www.gtnj.org)

Thank you for your interest in using a field at a Township owned location. Attached are the policies & materials needed to obtain approval for your usage. Please follow the application directions very carefully. This page explains all procedures and rules associated with the intended use, the documents that must be included with your application and is yours to keep for informational purposes.

### Requirements & Procedures:

- Any person wishing to use a Sports Field shall file an application at least **30 days prior** to the applicable season or scheduled date of use. Applications must be completed in **its entirety!** Please call and schedule an appointment when submitting your application. Galloway Community Services will review your application and all supporting documents. You must submit all supporting documents in its entirety, including payment, certificate of insurance and rosters. If all documents and payment are not submitted your application will be deemed incomplete and returned.
- Applicants shall comply with all the applicable Township Ordinances, Codes, Conditions and requirements. Copies are available upon request.
- The applicant **MUST COMPLY** with our **Township Youth Protection Program** (Ordinance #1877). **ALL** coaches, assistants, volunteers or anyone who enters the field of play or dugout aged 16 or older, must comply with the Township Youth Protection Program. An approved list is available for review on the Township website. [www.gtnj.org](http://www.gtnj.org) It is the organizations responsibility to verify that **ALL** coaches, assistants, volunteers or anyone who enters the field of play or dugout aged 16 or older is on the approved list.
- INSURANCE REQUIREMENTS...**Insurance is required under all circumstances for approval.** Applicants are required to provide a certificate of insurance showing a minimum of \$1 million in General Liability Insurance listing "Township of Galloway, 300 E. Jimmie Leeds Road, Galloway, NJ 08205" as additional insured. The description on the certificate must include specific dates, events/use and locations.
- All Applicants must sign a "**Hold Harmless Agreement/Affidavit**" indemnifying the Township of Galloway, which is provided as part of the application.
- Fee's are required for use of township fields and parks (Ordinance #1939) payable to GTCSEF/Park Usage. **ALL FEES MUST BE SUBMITTED PRIOR TO FIELD USE OF ANY KIND !!**
  - Non-resident— \$75 per participant/per sport who is NOT a resident of Galloway
  - Sports/Recreational Camps— \$250 per day + 15% of the fee charged per participant
  - Paid Coaches/Trainers— Practices, try-outs, team clinics or any other field use, the PAID coach shall pay a fee of 15% of the cost charged to each participant or team.
- Applicants **must** supply a **Team roster** for **EACH SEASON**, listing players names, home ad- dresses, their school attending, and if they are a Galloway/Port Republic resident or non- resident along with a **Coaches roster**, listing all individuals who enter the field of play or dug- outs. (Coach/Assistant/etc.) are 16 years of age or older. FORM ATTACHED
- The priority of use and scheduling is the sole responsibility of Galloway Community Services and preference shall be giving to Galloway Teams consisting of 80% or more Galloway residents.

**PLEASE COMPLETE AND SIGN THE ATTACHED CHECKLIST. APPLICATION WILL NOT BE ACCEPTED UNLESS ALL ITEMS ARE CHECKED OFF AND TURNED IN**

# Field Use Check List

**NO APPLICATION WILL BE ACCEPTED WITH MISSING DOCUMENTS.**

**YOU MUST FILL OUT A NEW APPLICATION / CHECK LIST FOR SPRING & FALL.**

ALL ITEMS LISTED BELOW MUST BE TURNED IN TO HAVE A COMPLETE APPLICATION

☐

**APPLICATION**

☐

**TEAM ROSTER WITH COACHES ROSTER**

☐

**SIGNED HOLD HARMLESS**

☐

**CERTIFICATE OF INSURANCE** ( LISTING GALLOWAY TOWNSHIP AS ADDITIONALLY INSURED )

**VALID DATES** \_\_\_\_\_ **TO** \_\_\_\_\_

☐

**FIELD USAGE FEES**

☐

**CHECK #** \_\_\_\_\_

☐

**CASH** \_\_\_\_\_

**APPLICATIONS MUST BE COMPLETELY FILLED OUT, ALL SUPPORTING DOCUMENTS AND FEES MUST BE SUBMITTED WITH YOUR APPLICATION.**

**FAILURE TO DO SO YOUR APPLICATION WILL BE DEEMED INCOMPLETE AND RETURNED.**

**YOU WILL NOT BE ALLOWED ON ANY TOWNSHIP FIELDS UNTIL YOUR APPLICATION IS DEEMED COMPLETE NOR WILL ANY LIGHTS BE TURNED ON.**

**NO ONE IS TO PRACTICE OR PLAY GAMES ON ANY FIELDS UNTIL AUTHORIZATION IS GIVEN.**

**WEATHER CONDITIONS COULD RESULT IN DELAYS IN FIELD USAGE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# FIELD USE REQUEST FORM

Sport: \_\_\_\_\_ Team Name: \_\_\_\_\_

Age(s): \_\_\_\_\_ Team Coach: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Applicant Full Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Name of Organization: \_\_\_\_\_ League Commissioner: \_\_\_\_\_

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

Is the organization registered with the State of New Jersey as a non-profit organization?

Yes ☐ No ☐ If yes, please supply a copy of their 501-C3 for our records.

## **REQUESTED INFORMATION:**

ALL teams are limited to 1 practice & 1 game time (AAU...we will allow for double headers if necessary)

Please note: This is simply a request, dates, times & locations are assigned per age group & distributed on a first come, first serve basis, upon availability. [School fields cannot be used on weekdays prior to 5:30pm]

MAIN CONTACT PERSON: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

\*Any change in the above information, please notify the approving department immediately\*

**Field:** ☐ Baseball ☐ Softball ☐ Soccer ☐ Football ☐ Other: \_\_\_\_\_

**Field/Location Requested:** \_\_\_\_\_

**Season:** ☐ Spring ☐ Fall Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Times: \_\_\_\_\_

\_\_\_\_\_

**Requested Practice date / day / time:** 1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

**Requested Game date / day:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Estimated # of Participants:** \_\_\_\_\_ **Estimated Attendance:** \_\_\_\_\_

**Will Children be present?** Yes ☐ No ☐ If so what ages: \_\_\_\_\_

\*Please note attendance exceeding 999 people will require another application & further review\*

If you are requesting the use of a School Field, you are required to obtain an additional approval from the School Board through another process

# REQUIRED TEAM & COACH/ASST. ROASTERS

Organization: \_\_\_\_\_ Team Name: \_\_\_\_\_

Sport: \_\_\_\_\_ Season: \_\_\_\_\_

**Must be COMPLETED IN FULL for both players and coaches!**

Typable roster can be found online at [www.gtnj.org](http://www.gtnj.org)



***IT IS REQUIRED TO USE THIS FORM FOR  
YOUR TEAM ROSTERS & COACHES/ASST.***

	PLAYERS NAME	HOME ADDRESS WITH CITY	SCHOOL	RESIDENT	NON RESIDENT
EX.	JANE SMITH	400 E. CHARLES DR, GALLOWAY	ARTHUR RANN	X	X
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

COACHES	DATE OF BIRTH	E-MAIL ADDRESS	PHONE #	CITY OF RESIDENCE

**\$75 Non-Resident Fee**    \$75 x \_\_\_\_\_ players = \$ \_\_\_\_\_



## HOLD HARMLESS AGREEMENT/AFFIDAVIT:

For the purposes of Contractual Liability Coverage's under this policy the following Indemnification Agreement is recited as required under contract with the Township of Galloway, County of Atlantic.

My organization and/or myself, \_\_\_\_\_ agree to Indemnify and Hold Harmless the Township of Galloway, County of Atlantic, including all elected/appointed officials, all employees, volunteers, all boards/commissions, and/or authorities from any and all claims arising out of the negligence of the Insured's operations.

The above recited indemnification wording does not amend, extend or alter the coverage afforded by my organizations policy. Notwithstanding any requirement, term or condition of any contract or document to which this endorsement may pertain, the insurance afford by this policy is subject to all terms, exclusions and conditions of this policy.

I further agree that my organization and/or I have reviewed and will adhere to Governor Phil Murphy's Executive Order No. 149 and any subsequent Executive Orders, The Centers for Disease Control and Prevention guidelines, and the New Jersey Department of Health guidelines for Coronavirus disease 2019 ('COVID-19') in all aspects while I and/or my organization are using Township facilities and/or equipment. Furthermore that I shall Hold Harmless and indemnify the Township of Galloway from any and all liabilities for any and all claims related to COVID-19.

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand, and agree to abide by the policies and rules and regulations listed on this form as they pertain to the requested usage. All programs and facilities of the Township of Galloway are open to all residents regardless of race, sex, age, color, religion, national origin or handicap.

*PLEASE PRINT CLEARLY*

Name of Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**FOR OFFICE USE ONLY— APPROVALS:**

Date Received: \_\_\_\_\_

☐ Insurance: C/O: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ Hold Harmless signed

☐ Team Rosters (including addresses & school attending)

☐ Coaches/Assistant Coaches Lists

Misc Notes: \_\_\_\_\_

Approved Field Location: **Veteran's Memorial Park** ☐ **Wrangleboro Road Park** ☐

**Tartaglio Park** ☐ **Municipal Complex** ☐ **School Field:** \_\_\_\_\_ ☐

**Other** \_\_\_\_\_ ☐

Field Assigned: \_\_\_\_\_

Approved Date(s)/Day(s): \_\_\_\_\_

Time(s): \_\_\_\_\_

☐ **Non Galloway Resident \$75 x** \_\_\_\_\_ **participants = \$** \_\_\_\_\_

☐ **Camp/Clinic 15% x** \_\_\_\_\_ **participants = \$** \_\_\_\_\_ **+ \$250/day = \$** \_\_\_\_\_

☐ **Trainer/Paid Coach 15% of charged cost \$** \_\_\_\_\_ **= \$** \_\_\_\_\_

Received date: \_\_\_\_\_ Cash/Check#: \_\_\_\_\_ By: \_\_\_\_\_

**APPROVED** ☐ **DENIED** ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_