Galloway Community Services

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

(609) 241-0692 Fax (609) 568-5325 Web: www.gtnj.org E-Mail: communityservices@gtnj.org

Sports Field Use Instructions

Typable application can be found at 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.
- All fields shall be closed from **July 15 to August 25** (weather permitting) for field maintenance and regeneration. All fields shall be closed from **November 15 to April 1** (weather permitting) for field maintenance and regeneration. It is under the discretion of the Director of Public Works if fields are open earlier than stated in the local ordinance.
- 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 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 addresses, 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 dugouts. (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 SUBMITED 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

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 and Severe Weather Safety Policy 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:_____

_____

_____

_____

Galloway Township: Severe Weather Safety Policy (Perry Weather)

The purpose of this policy is to protect participants, staff,volunteers, and spectators from severe weather related injuries or fatalities during Galloway Township recreational programs, events, and activities.

This policy applies to all outdoor recreation programs,facilities,parks,events, athletic fields, and camps under the jurisdiction of Galloway Township.

Wind and Tornado Principles- Severe winds and tornadoes can develop rapidly with little warning. Flying debris is the greatest hazard in high wind and tornado events. Outdoor structures such as tents, pavilions, dugouts, and bleachers provide no protection from high winds or tornadoes.

Detection and Monitoring- Weather Monitoring: Staff/Commissioners must monitor weather conditions using one or more of the following: Perry Weather alerts, Other weather apps or radar (NOAA Weather Alerts), Visual indicators such as rapidly darkening skies, sudden changes in wind speed/direction, or rotating, funnel-shaped cloud.

Suspension of Activities: Outdoor activities must be suspended immediately when: a tornado watch or warning is issued for the area. Sustained winds reach 40+ mph or conditions create unsafe flying debris. A funnel cloud or tornado is spotted nearby. A staff member or commissioner determines conditions are unsafe.

All staff, participants,spectators, and volunteers must be directed to take shelter in a safe location.

Safe Shelter Guidelines: Acceptable shelter includes: Fully enclosed, sturdy buidlings (not tents, pavilions, or temporary structures), Interior rooms or basements away from windows, if available. If no building is accessible, the lowest possible ground area (ditch or ravine) may provide last-resort protection.

Unsafe areas include: open fields, dugouts, pavilions,and bleachers.

Resuming Activities: Activities may resume only after: The tornado warning has expired or been canceled, AND severe wind conditions have subsided to safe levels as determined by staff/commissioners.

Roles and Responsibilities: Township Officials/Program Officials/Commissioners: Monitor weather and Perry weather alerts,make decisions to suspend/resume activity,direct participants to shelter.

Participants and Spectators: Comply with all safety directions and evacuation orders.

Communication: Staff should use two-way radios, cell phones, PA systems, social media or weather alert systems to communicate severe weather situations. Programs should notify parents/guardians about this policy and expectations in the event of delays.

Enforcement: Failure to follow with severe weather safety procedures shall result in a hearing with the Director of Public Works, The Assistant Director of Public Works, and The Director of Parks and Recreation to make the appropriate disciplinary action. The Disciplinary Actions being: suspension or termination of program privileges, cancellation of activity or event, and staff disciplinary action (if applicable).

Training: All recreation staff, comissioners, coaches, and employees will receive annual training on the Lightning Safety Policy as part of their orientation or pre-season training. Township staff will review the policy with Commissioners and Organizers. Commissioners and Organizers are responsible for training all coaches and staff in their organizations on the Lightning Safety Policy.

Contact: For questions or concerns regarding this policy, Contact Jordan LoSasso, PH: (609) 271-0020, Email: jlosasso@gtnj.org or Mackenzie Quick, PH: (609) 241-0692, Email: mquick@gtnj.org

PLEASE PRINT CLEARLY

Name of Applicant: _____ Date: _____

Business/Organization: _____ Email: _____

Signature: _____