



Athletic Field and Court Use Agreement

Date Requested: _____ Start Time: _____ End Time: _____

Field/Court Requested: _____

Team Name: _____ Head Coach's Name: _____

Phone: _____ (home) _____ (cell)

Liability Coverage Provider: _____

Authorization Statement

I, _____, hereby acknowledge that I have received a copy

(Print Head Coach's Name)

of the City of Florence Parks and Recreation Department Parks Facilities Use and Rental Guidelines. I understand that the City of Florence can, at its sole discretion, modify, eliminate, revise, or deviate from the Policy as circumstances or situations warrant. I also understand that any changes made by the City of Florence with respect to these Policies, can supersede, modify, or eliminate any of the policies in this packet. I accept responsibility for familiarizing myself with the Policy and will seek verification or clarification of its terms or guidance where necessary. I have read and fully understand all the rules and regulations. Furthermore, I understand that I should consult with the Athletic Director or a Representative of the City of Florence Recreation Department if I have any questions that are not answered in the City of Florence Athletic Field Use Policy.

Signature

Date

Athletic Department Use:

Usage Fee: _____ Usage Fee Collected: _____ Deposit Collected: _____

Date Approved: _____

Approval Signature: _____