



**Carmichael Recreation and Park District Office**

5750 Grant Ave. Carmichael, CA 95608  
 Phone: (916) 485-5322 Fax: (916) 485-0805  
 info@carmichaelpark.com

**La Sierra Community Center Recreation Office**

5325 Engle Rd. #100 Carmichael, CA 95608  
 Phone: (916) 483-7826 Fax: (916) 483-7861  
 lsoffice@carmichaelpark.com

**Athletic Fields & Sports Facility Use Application & Permit**

Resident  Non-Resident

Non-Profit

**INFORMATION**

Field or Facility Requested: \_\_\_\_\_

Request Date: \_\_\_\_\_ Activity Date(s): \_\_\_\_\_

*(If requesting multiple fields, dates, and/or times, please attach a detailed schedule)*

Approximate # Attending: \_\_\_\_\_ Type of Activity: \_\_\_\_\_

Times of Activity: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Non-Profit:  Yes  No *(If yes, submit copy of 501 c(3) letter)*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

**INDEMNITY AND HOLD HARMLESS CLAUSE**

Applicant/User agrees to be solely responsible for any and all liability, claims, loss, demands, damages, costs and expenses, including attorney's fees, arising out of or resulting from any injury to persons or damage to property which arise out of its use of District facilities. Applicant/User agrees to defend, indemnify and hold harmless the District, its officers, agents, employees and volunteers against any and all such claims, demands, causes of action, suits and expenses, whether or not any such claim or action is alleged to have been caused in part by District as a party indemnified hereunder.

\_\_\_\_\_*(User Initial)* I have been given a copy of, or electronic link, to the Sports Organization Use Policy, Rules & Regulations. I acknowledge that I am responsible for reading and abiding all terms outlined in the policy, all of the conditions of this application and any contract or permit issued based on this application.

By: \_\_\_\_\_

**SIGNATURE OF PERMITTEE OR AUTHORIZED GROUP REPRESENTATIVE**

Name Printed: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Insurance Certificate/Policy #: \_\_\_\_\_

Reservation Hours: \_\_\_\_\_ Fee: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Fees	Receipt #	Amount
Security Deposit	#	\$
Other Fee(s)	#	\$
District Insurance	#	\$

Total Fees Due By: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_