

**Palm Beach County Parks and Recreation Department
Authorized Youth Sport Provider
Permit Requirement Acknowledgement**

The purpose of this Acknowledgment between the Palm Beach County Parks and Recreation Department and the Youth Sport Provider is to outline specific responsibilities of both entities during utilization of Palm Beach County athletic facilities. This Department believes in taking an active role insuring children are allowed to participate in environments that are free from violence and abuse through established permit requirements to help them develop a healthy association with exercise, sports and fitness. This Acknowledgment may be amended when necessary and terminated when the Youth Sport Provider wishes to no longer use County athletic facilities or when continued delinquency of the Acknowledgment warrants termination. In the event of Sport Provider leadership changes, a newly signed Acknowledgment will be necessary.

The terms of this Acknowledgment, commencing on the day it is signed, addresses the Facility Permit for _____ (organization name) at _____ Park(s) for the declared reporting Fiscal Year of _____ using field(s) # _____ with distribution of _____ (# of) keys # _____. Additional Park: _____ using field(s) # _____ with distribution of _____ (# of) keys # _____. Additional Park _____ using field(s) # _____ with distribution of _____ (# of) keys # _____

The Acknowledgment also covers use of a pressbox concession stand at the above park and structures constructed by the Sport Provider to include the following:

pressbox batting cage meeting building other _____.

Yes No Completion of "Squishy 101" Training, if yes:

Date Attended: _____ Name of Attendee: _____

Permit requirements:

- a. Conduct background screening on all coaches, board members, concession leaders and volunteers, including a formal background check using the list of **DISQUALIFIERS** found on page 6 of the Handbook
- b. Provide a current copy of the by-laws, playing rules and guidelines
- c. Require all administrators, parents, players, coaches, concession leaders and volunteers to successfully complete an orientation program and sign Code of Conduct Agreements
- d. Require all coaches to complete a training program and submit the names to the County
- e. Provide proof of a current Commercial General Liability Insurance Policy as detailed on page 2 - 3 of this Acknowledgment

- f. Provide a copy of written job duties and job descriptions for all volunteers, administrators, directors, coaches, board members and concession workers
- g. Provide a copy of disciplinary guidelines for players, administrators, parents, coaches, concession leaders, board members and volunteers
- h. Maintain status as a non-profit corporation with the State of Florida Division of Corporations

During the Term of this Acknowledgment, The Youth Sport Provider Will:

Administration

- Submit a Facility Request Application by September 1st of each year to your County Liaison. All subsequent permit requests must also be in writing.
- Request only the field space needed.
- Provide current contact list of board members.
- Provide current practice and game schedules.
- Request fields and facility permit for tournaments and or clinics, camps and opening/closing ceremonies, prior to advertising or placing a bid/contract for the activity, in addition to other permitting request requirements.

Financial

- Remit to the County all fees, billable invoices and monthly utility charges within 30 days of invoice date.
- Submit to your County Liaison the organization’s financial statement within forty five (45) days of completion of declared Fiscal Year
- Maintain a strictly “volunteer” organization. No remuneration will be paid to your organization administrative officers for their volunteer hours.

Insurance

Provide proof of a current insurance policy including:

1. **Commercial General Liability Insurance Policy** with limits of at least \$1,000,000 each occurrence
2. **Participant Legal Liability** (this must be shown on the certificate)
3. **Products Liability** coverage (required only if any products including food and beverages are to be sold)
4. **Automobile Liability Insurance** with limits of at least \$1,000,000 each accident (required only if using a mobile concession vehicle or if using a vehicle to transport participants)
5. Insurance company should have an **A.M Best’s rating of B+VIII or higher**
6. **Palm Beach County Board of County Commissioners** listed as an additional insured if using Palm Beach County Parks and Recreation facilities
7. **Palm Beach County School Board** listed as an additional insured if using public school facilities
8. **Certificate holder shall read:**

**Palm Beach County Board of County Commissioner
c/o Parks and Recreation Department**

**2700 6th Ave. South, Lake Worth, FL 33461
Attn: Name of your County Liaison**

OR

**Palm Beach County School Board
c/o Name of School
School address
Attn: Name of school Principal**

Facility Use

- Provide a representative from your program to monitor programming and facility/field use and adherence to Permit Acknowledgment and Handbook, your by laws, rules and code of conduct.
- Release to the County any permitted fields or facility time that is not needed.
- Never allow another organization or group to use the facility under your Youth Sport Provider permit.
- Only “Squishy 101” trained Sport Providers may re-open fields temporarily closed due to inclement weather.
- Keys are the property of the Palm Beach County Parks and Recreation Department. They are provided to Sport Providers as needed to allow entrance into secure areas. Keys are not to be duplicated or given to unauthorized users.

Safety

- Notify the County by 12:00 Noon the next business day after any accidents/incidents that require medical attention or when public safety personnel were called to assist with the situation. Complete a County Accident/Incident Report in its entirety and fax it to [your](#) County Liaison. When using an indoor facility, immediately notify a staff member of accident or incident that may require medical attention or County intervention.

Delinquency

- At any time during the term of this Permit Acknowledgment the following action will be taken for delinquency of this Acknowledgment:
 - Reduction in permitted time of fields
 - Loss of permits
 - Fines
 - Reduction of services
 - Loss of services

Your County Liaison and point of contact for this Acknowledgment is:

Name:

Phone:

E-Mail:

Monday- Friday, 8:30 A.M. - 4:30 P.M.

Youth Sport Provider Contact Information

For inclement weather notification: Name: _____

Phone: _____

Contact for the County: Name: _____

Phone: _____

E-Mail: _____

Authorized Signature of Acknowledgment

I, _____ have read this Acknowledgment and agree that
(print name)

our organization will comply with the Americans with Disability Act. I fully understand that non-compliance with this Acknowledgment and failure to work cooperatively with the County will jeopardize current and future facility permits. I, the permittee, agree to protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my use of the facility described in this permit. I hereby assume the risk associated with the use of the facility and agree to hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and cost, whether at trial or appellate levels or otherwise, due to their acts, errors or omissions resulting in bodily injury, including death, or damage to my property incident to or in connection with my use of the facility. I have full authorization of the Board to represent our organization by signing this Acknowledgment.

Signature of President

Date

Signature of County Liaison

Date