



# Armonk Indoor Sports Center

## 2024/25 Field Rental Form

Coach Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

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

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

Sport: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

### 1) Full Session or Per-Diem Date(s)

Fall  Winter  Spring  
 \_\_\_\_\_

### 2) Day (if Full Session)

Mon  Tue  Wed  Thu  Fri  Sat  Sun

### 3) Time

\_\_\_\_\_ to \_\_\_\_\_

### 4) Field Size

1/3  1/2  2/3  Full

### 5) Optional Trainer

Full Session (\$65/hr)  
 Per Diem (\$90/hr)

HOURLY RATES 2024/25	1/3 FIELD		1/2 FIELD		2/3 FIELD		FULL FIELD	
	Per Diem	Full Session	Per Diem	Full Session	Per Diem	Full Session	Per Diem	Full Session
<b>FALL</b> 8/9 Weeks	\$175	\$1400 (Fri/Sat) \$1575	\$235	\$1880 (Fri/Sat) \$2115	\$270	\$2160 (Fri/Sat) \$2430	\$325	\$2600 (Fri/Sat) \$2925
<b>WINTER*</b> 17 Weeks	\$230	\$3715	\$345	\$5570	\$460	\$7430	\$675	\$10900
<b>SPRING</b> 5 Weeks	\$175	\$875	\$235	\$1175	\$270	\$1350	\$325	\$1625

\* Includes a 5% discount when registering for the full winter session. These rates do not apply to rentals for parties/events.

### Terms & Conditions

- Completing this form does not guarantee placement. Please contact us to verify availability of your requested day/time.
- A 10% deposit is required for full-session registrants. The deposit is only refundable if Armonk Indoor is notified of cancellation at least four weeks before the first day of the session.
- A credit card must be listed for the application to be considered. The credit card will not be charged if a check is provided.
- The balance is due two weeks before the first day of the session. The credit card will be charged if the balance is not received by this date.
- Each participant must complete the Armonk Indoor waiver before participating.
- Outside organizations must provide a certificate of insurance naming Armonk Indoor Sports Center, North Castle Sports Associates LLC, and The Town of North Castle as additional insured prior to facility rental.
- Priority is given to groups renting for multiple sessions.
- By signing this form, the applicant understands and agrees to the terms and conditions listed above.

### Payment

Deposit (10% for full-session registrants): \$ \_\_\_\_\_

**Credit Card:**  MasterCard  Visa  American Express

Name: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Card #: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

Check (payable to **Armonk Indoor Sports Center**)

Please fill out this form and email it to [info@armonkindoor.com](mailto:info@armonkindoor.com). You can also fax it or return it in person.

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



# Armonk Indoor Sports Center

## 2024/25 Session Dates

	MON	TUE	WED	THU	FRI	SAT	SUN
<b>F A L L</b>	Sep 02	Sep 03	Sep 04	Sep 05	Sep 06	Sep 07	Sep 08
	Sep 09	Sep 10	Sep 11	Sep 12	Sep 13	Sep 14	Sep 15
	Sep 16	Sep 17	Sep 18	Sep 19	Sep 20	Sep 21	Sep 22
	Sep 23	Sep 24	Sep 25	Sep 26	Sep 27	Sep 28	Sep 29
	Sep 30	Oct 01	Oct 02	Oct 03	Oct 04	Oct 05	Oct 06
	Oct 07	Oct 08	Oct 09	Oct 10	Oct 11	Oct 12	Oct 13
	Oct 14	Oct 15	Oct 16	Oct 17	Oct 18	Oct 19	Oct 20
	Oct 21	Oct 22	Oct 23	Oct 24	Oct 25	Oct 26	Oct 27
	Oct 28	Oct 29	Oct 30	Oct 31	Nov 01	Nov 02	Nov 03
	Nov 04	Nov 05	Nov 06	Nov 07	Nov 08	Nov 09	Nov 10
	Nov 11	Nov 12	Nov 13	Nov 14	Nov 15	Nov 16	Nov 17
<b>W I N T E R</b>	Nov 18	Nov 19	Nov 20	Nov 21	Nov 22	Nov 23	Nov 24
	Nov 25	Nov 26	Nov 27	Nov 28	Nov 29	Nov 30	Dec 01
	Dec 02	Dec 03	Dec 04	Dec 05	Dec 06	Dec 07	Dec 08
	Dec 09	Dec 10	Dec 11	Dec 12	Dec 13	Dec 14	Dec 15
	Dec 16	Dec 17	Dec 18	Dec 19	Dec 20	Dec 21	Dec 22
	Dec 23	Dec 24	Dec 25	Dec 26	Dec 27	Dec 28	Dec 29
	Dec 30	Dec 31	Jan 01	Jan 02	Jan 03	Jan 04	Jan 05
	Jan 06	Jan 07	Jan 08	Jan 09	Jan 10	Jan 11	Jan 12
	Jan 13	Jan 14	Jan 15	Jan 16	Jan 17	Jan 18	Jan 19
	Jan 20	Jan 21	Jan 22	Jan 23	Jan 24	Jan 25	Jan 26
	Jan 27	Jan 28	Jan 29	Jan 30	Jan 31	Feb 01	Feb 02
	Feb 03	Feb 04	Feb 05	Feb 06	Feb 07	Feb 08	Feb 09
	Feb 10	Feb 11	Feb 12	Feb 13	Feb 14	Feb 15	Feb 16
	Feb 17	Feb 18	Feb 19	Feb 20	Feb 21	Feb 22	Feb 23
	Feb 24	Feb 25	Feb 26	Feb 27	Feb 28	Mar 01	Mar 02
	Mar 03	Mar 04	Mar 05	Mar 06	Mar 07	Mar 08	Mar 09
	Mar 10	Mar 11	Mar 12	Mar 13	Mar 14	Mar 15	Mar 16
	Mar 17	Mar 18	Mar 19	Mar 20	Mar 21	Mar 22	Mar 23
	Mar 24	Mar 25	Mar 26	Mar 27	Mar 28	Mar 29	Mar 30
Mar 31	Apr 01	Apr 02	Apr 03	Apr 04	Apr 05	Apr 06	
Apr 07	Apr 08	Apr 09	Apr 10	Apr 11	Apr 12	Apr 13	
Apr 14	Apr 15	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	
<b>S P R I N G</b>	Apr 21	Apr 22	Apr 23	Apr 24	Apr 25	Apr 26	Apr 27
	Apr 28	Apr 29	Apr 30	May 01	May 02	May 03	May 04
	May 05	May 06	May 07	May 08	May 09	May 10	May 11
	May 12	May 13	May 14	May 15	May 16	May 17	May 18
	May 19	May 20	May 21	May 22	May 23	May 24	May 25

Off Dates



# Armonk Indoor Sports Center

## Team Roster

Coaches must complete the roster below. Players can be added throughout the season. Only players listed on the roster who have returned the amateur athletic waiver and release of liability can participate. Players can wear only turf or indoor shoes; cleats are not allowed.

01) Name: _____	Birthdate: _____
02) Name: _____	Birthdate: _____
03) Name: _____	Birthdate: _____
04) Name: _____	Birthdate: _____
05) Name: _____	Birthdate: _____
06) Name: _____	Birthdate: _____
07) Name: _____	Birthdate: _____
08) Name: _____	Birthdate: _____
09) Name: _____	Birthdate: _____
10) Name: _____	Birthdate: _____
11) Name: _____	Birthdate: _____
12) Name: _____	Birthdate: _____
13) Name: _____	Birthdate: _____
14) Name: _____	Birthdate: _____
15) Name: _____	Birthdate: _____
16) Name: _____	Birthdate: _____
17) Name: _____	Birthdate: _____
18) Name: _____	Birthdate: _____
19) Name: _____	Birthdate: _____
20) Name: _____	Birthdate: _____

### Waiver of Liability

As a parent/team representative, I acknowledge that the team/individuals are responsible for their players' physical health and are participating in this program at their own risk. I/we agree to comply with all program regulations and hereby remove the staff and management of North Castle Sports Associates LLC, Armonk Indoor, and the Town of North Castle from any and all liability for injury or damages incurred while involved in this program. I understand that neither North Castle Sports Associates LLC, Armonk Indoor, nor the Town of North Castle will assume responsibility for accidents and/or medical expenses incurred at Armonk Indoor Sports Center. I am aware that North Castle Sports Associates LLC does not provide medical insurance in this program. In the event of an emergency, I hereby grant North Castle Sports permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room. Permission is hereby granted to utilize Armonk Indoor photos and videos as promotional materials. I have carefully read all of the information and agree to all conditions.

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



# Armonk Indoor Sports Center

## Amateur Athletic Waiver and Release of Liability

Individual Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Team or Organization: \_\_\_\_\_

*Please speak with your physician before starting any exercise program.*

In consideration of being allowed to participate in any way and/or enter upon, use and/or engage in sports activities at Armonk Indoor Sports Center, including participation in practices, events and/or other uses of the indoor facility at 205 Business Park Drive, Armonk, NY 10504, and their athletic/sports programs and related events and activities, the undersigned:

- Agree that prior to participating, he/she will inspect the facilities and equipment to be used, and if he/she believes anything is unsafe, he/she will immediately advise a representative of Armonk Indoor Sports Center of such condition(s) and refuse to participate;
- Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used; further, that there may be other risks not known to us or not reasonably foreseeable at this time;
- Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death;
- Understand that North Castle Sports Associates LLC does not provide medical insurance in such activities;
- Release, waive, discharge and covenant not to sue Armonk Indoor Sports Center, North Castle Sports Associates LLC, and The Town of North Castle or their affiliated clubs, their respective members, administrators, directors, coaches and other employees of said organizations, participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releases," from demand, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise;
- Shall defend, indemnify, and hold Armonk Indoor Sports Center, North Castle Sports Associates LLC, and The Town of North Castle, their officers, employees, and agents harmless from and against any and all liability, loss, expense, including reasonable attorneys' fees, or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the individual or group renting space from the facility, its officers, agents or employees.

The undersigned have read and acknowledge that he/she is entering into the above waiver and release, understanding that they have given up substantial rights by signing it and sign it voluntarily.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, IT IS MY INTENTION ON BEHALF OF MYSELF OR MY MINOR CHILD TO SPECIFICALLY RELEASE AND INDEMNIFY ARMONK INDOOR SPORTS CENTER, NORTH CASTLE SPORTS ASSOCIATES LLC AND THE TOWN OF NORTH CASTLE FROM ANY AND ALL CLAIMS ARISING FROM THEIR OWN NEGLIGENCE. I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS ARMONK INDOOR SPORTS CENTER, NORTH CASTLE SPORTS ASSOCIATES LLC AND THE TOWN OF NORTH CASTLE FROM ANY LIABILITIES, LOSSES, DAMAGES, SETTLEMENTS, CLAIMS, EXPENSES AND COSTS ARISING FROM MY OR MY CHILD'S PARTICIPATION IN THE DESCRIBED ACTIVITY, SAID INDEMNITY TO INCLUDE COURT COSTS AND REASONABLE ATTORNEYS' FEES.

Individual Signature (18 or older): \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (minor player): \_\_\_\_\_ Date: \_\_\_\_\_