



2020/21 FIELD RENTAL FORM

Coach Name: _____ Team Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ Email 1: _____ Email 2: _____

Sport: _____ Gender: _____ Age: _____

1) SESSION OR DATE	2) DAY	3) TIME	4) FIELD SIZE	5) TRAINER
<input type="checkbox"/> November 9–April 2 (off Nov. 26–27, Dec. 21–Jan. 3 & Feb. 15–21)	<i>1st Choice</i> ___Mon ___Tue ___Wed ___Thu ___Fri ___Sat ___Sun	<i>1st Choice</i> _____ to _____	<input type="checkbox"/> 1/3 <input type="checkbox"/> 1/2 <input type="checkbox"/> 2/3 <input type="checkbox"/> Full	<input type="checkbox"/> Full Session (\$65/hr) <input type="checkbox"/> Single Day (\$90/hr) <input type="checkbox"/> None
<input type="checkbox"/> ____ / ____ / ____	<i>2nd Choice (optional)</i> ___Mon ___Tue ___Wed ___Thu ___Fri ___Sat ___Sun	<i>2nd Choice (optional)</i> _____ to _____		

FIELD SIZE	1/3 FIELD	1/2 FIELD	2/3 FIELD	FULL FIELD
HOURLY RATE	\$210	\$325	\$415	\$625

TERMS & CONDITIONS

- Completing this form does not guarantee placement.
- A 10% deposit must be included for the application to be considered. 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 agreement 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 rental.
- By signing this form, the applicant understands and agrees to the terms and conditions listed above.

PAYMENT

Deposit (10%): \$ _____

Credit Card: MasterCard Visa American Express

Name: _____ | Exp. Date: ____/____

Card #: _____ | Sec. Code: _____

Check (payable to Armonk Indoor Sports Center)

Please bring or fax this form to Armonk Indoor or mail to:
 205 Business Park Drive ▪ Armonk, NY 10504

Signature: _____ Date: _____



2020/21 PLAYER AGREEMENT

RELEASES AND WAIVERS

In consideration of participating in this Armonk Tennis/Armonk Indoor program, I represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involves risks of serious bodily injury, including permanent disability, paralysis, and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge, and covenant not to sue Armonk Tennis Associates LLC, SRS Armonk Associates LLC, North Castle Sports Associates LLC, Town of North Castle, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the Releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

As an applicant for participation in recreation programs sponsored by Armonk Tennis Associates LLC and North Castle Sports Associates LLC (hereafter referred to as the "Clubs"), I am aware that the Clubs do not provide medical insurance in such programs. In the event of an emergency, I hereby grant the Clubs permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room.

COVID-19 INFORMED CONSENT

I hereby attest that I have been informed of the following pertaining to COVID-19:

People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. Medical conditions associated with a higher risk for severe illness from COVID-19 include:

- Chronic lung disease or moderate to severe asthma
- Serious heart conditions
- Weakened immune system
- Severe obesity (body mass index of 40 or higher)
- Diabetes
- Chronic kidney disease undergoing dialysis
- Liver disease

Individuals/families should consult their healthcare provider to determine whether they have medical conditions that place them at risk. People living in households with individuals who are 65 years and older or have higher risk for severe illness from COVID-19 are recommended to stay home.

PARENTAL CONSENT (if applicable)

I, the minor's parent and/or legal guardian, understand the nature of the above referenced Activity and the minor's experience and capabilities and believe the minor to be qualified to participate in such Activity. I hereby release, discharge, covenant not to sue, and agree to indemnify, save, and hold harmless each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

I HAVE READ THIS REGISTRATION AGREEMENT CONSISTING OF RELEASES AND WAIVERS, COVID-19 INFORMED CONSENT, PARENTAL CONSENT, PAYMENT PLAN/INSTALLMENT NOTE AUTHORIZATION, AND MEDIA DISCLAIMER, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND INTEND IT BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Signature (guardian's if minor): _____ Date: _____



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 agreement can participate. Players can wear 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: _____