



# SAINT REGIS MOHAWK TRIBE

## 2016 Generations Park Complex

### Applicant Information

Name of Applicant: \_\_\_\_\_

Group/Organization: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City/Town: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone - (Day) : \_\_\_\_\_ ( Evening): \_\_\_\_\_ (Cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

### Area Requested: (the playground will remain open for public use)

- |  |   |
|--|---|
| <input type="checkbox"/> Generations Park (Main Field)             | <input type="checkbox"/> New Practice Field (behind lacrosse box) |
| <input type="checkbox"/> Walking Trail Field (younger kid's field) | <input type="checkbox"/> Walking Trail                            |
| <input type="checkbox"/> Lacrosse Box                              | <input type="checkbox"/> Pavilion                                 |
| <input type="checkbox"/> Concession (fee for use)                  |   |

### Dates & Time

Dates Requested: Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Day(s) Requested: *Check All Dates that apply:*

MON  TUES  WED  THURS  FRI  SAT  SUN

Program Time (s): \_\_\_\_\_am/pm to \_\_\_\_\_am/pm Number of Participants: \_\_\_\_\_

Addition comments and/or requirements:

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## Terms and Conditions for Usage

1. Prior to any access being granted to the Generation Park Complex, you will be required to demonstrate the following conditions:
  - a. Complete the Release and Waiver of Liability Agreement for the Team Organization.
  - b. Provide a team roster.
  - c. Have each team participants and/or parent sign a waiver of liability.
  - d. Agree to ensure there is ABSOLUTELY no alcohol on the premises at any time.
  - e. Ensure all areas are respected and maintained during use.
  - f. Inspection and cleanup area during and after use. Please take your garbage when you leave.
  - g. Monday, Wednesday, and Sunday are designated for open floor time for all persons interested in using the Travis Solomon Memorial Lacrosse Box. No Reservations will be taken on these three days.

**Equitable time and usage will be given to all.**

**I have read and agree to adhere to the above Terms of Agreement during my scheduled time at Generations Park Complex.**

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Print Name

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Signature

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Date



# TEAM ROSTER

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

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

# of Coaches: \_\_\_\_\_

Head Coach Name: \_\_\_\_\_

Names of addition Coaches/Trainers: \_\_\_\_\_

No.	Name	Signature
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(Attach additional names if roster does not fit on sheet)

