# JOINT USE APPLICATION FORM

| APPLICATION/ORGANIZATION CONTACT INFORMATION | | |
|---|---|---|
| Organization Name: | Organization Contact Name: | |
| Organization Mailing Address/Postal Code: | | |
| Telephone Number: | Cell Number: | |
| Fax Number: | E-mail Address/E-billing email: | |
| **FACILITY REQUEST INFORMATION** | | |
| Preferred Facility (First Choice): | Preferred Facility (Second Choice): | |
| Day of the Week – Start and End Date (First Choice): | Start Time: | End Time: |
| Day of the Week – Start and End Date (Second Choice): | Start Time: | End Time: |
| If you are requesting more than one day a week or specific days each month, please attach your list or specific dates on another page. **All of the information must be completed and submitted using this request form**. | | |
| **PROGRAM INFORMATION** | | |
| Name of the Program/Activity/Event: | Adult (18 years plus) ☐ # of participants. _____<br>Youth (under 18) ☐ # of participants. _____<br>(At least 75% of participants are under 18)<br>Mixed ☐ No. _____ | |
| Number of Teams (if applicable): _____ | Total Number of Participants: _____ | |

| | |
|---|---|
| Are you applying on behalf of a Team/ Individual:<br>☐ Yes ☐ No<br>Team Name: _____ | Are you applying on behalf of a League:<br>☐ Yes ☐ No<br>League Name:<br>_____ |

Are you registered under the Societies Act as a not-for-profit organization? ☐ Yes ☐ No

If Yes, What is your Corporate Registry Number? _____
(Corporate Registry Number can be found on your Certificate of Incorporation) – **(all activities in school gyms are to be non-profit - if not registered as a non-profit organization a description of how your activies are not for profit will need to be included)**

Do you carry the required liability insurance? (minimum 2 million) **Mandatory ☐ Yes ☐ No

If Yes, Name of Insurance Company, Policy Number, Expiry Date:_____
**(A copy of certificate of insurance is required)**

If No, please see the Eligibility Criteria of User Groups (last pg.) - application will not be accepted without insurance

*The personal information collected on this form will be used to administer facility bookings under the Joint Use Agreement for the City of Medicine Hat. This personal information is being collected in accordance with the Freedom of Information and Protection of Personal Privacy Act and will only be shared with third parties with your written permission.*

Please email a copy of this form to:

**PARKS & RECREATION FACILITY COORDINATOR**
parksrecbooking@medicinehat.ca

I agree that the information above is correct: ☐

| | |
|---|---|
| **Office Use Only:**<br>Date Received: _____<br>Notification – School : ☐ Yes ☐ No<br>Applicant : ☐ Yes ☐ No | Approval: ☐ Yes ☐ No<br>Insurance: ☐ Yes ☐ No |

*****Please note this is an application from ONLY, final approval depends on a review of all applications*****

Please accept this form as my application for the facilities indicated above. I hereby state the facilities have been requested exclusively for the group I represent. As the Permit holder, I understand that I must notify the Parks & Recreation Facility Coordinator one month prior for tournaments and 7 days for single bookings for cancellations.

## Residency:

I _____representing the applicant for the Community User Group approval, confirms that:

- ☐ Generally our group has a minimum of 75% City of Medicine Hat residents; and
- ☐ Generally our group has a minimum of 12 participants per booking.

Note: Participant Rosters are not required.

_____ _____ _____

Printed Name Signature Date

ELIGIBILITY CRITERIA FOR USERS OF JOINT USE FACILITIES

The following has been accepted by the Joint Use Committee as criteria for a User Group using Joint Use Facilities:

1. A City or School Approved or operated program/group;
2. Not-for-profit activity; and proof of Non-Profit status (#)
3. Activities that are recreational, cultural or educational in nature;
4. Insurance naming the City and the Board on whose land they are conducting their activities; and,
5. In line with strategic priorities and values of shared use agreement partners.

And:
Generally has a minimum of 75% City of Medicine Hat residents. Generally has a minimum of 12 participants per booking.