

KING WILLIAM COUNTY DEPARTMENT OF PARKS AND RECREATION

APPLICATION FOR COUNTY-AFFILIATION STATUS

Parks and Recreation Office: (804) 769-3011 or (804) 769-4923

Email: gstubblefield@kingwilliamcounty.us

Website: www.KingWilliamREC.com

Select One:	Application for the following status:	
	<input type="radio"/> County-Affiliated Youth Program	<input type="radio"/> County-Affiliated Adult Program
Name of Organization: _____		
Website Address: _____		
Representative:		Title:
Address:		Apt #:
City:	State:	Zip:
Home Phone:		Work Phone:
Cell Phone:		Fax #:
E Mail:		
By checking each box below, the representative of this organization verifies that the organization meets the criteria as outlined in the "County-Affiliated" Group Policy. This is confirmation that:		
<input type="checkbox"/> this organization is community service/program oriented and is supportive of the Mission of the Department of Parks and Recreation.		
<input type="checkbox"/> this organization will not restrict participation on the basis of race, color, religion, creed, national origin, sex or disability.		
<input type="checkbox"/> this organization is recreational in nature and will abide by the Department's policies.		
<input type="checkbox"/> Athletic participation will be open to all King William County Residents.		
<input type="checkbox"/> A representative from this organization will attend two (2) quarterly Recreation Advisory Commission meetings.		
In addition, by checking each box below, the representative of this organization acknowledges that they are aware of the following responsibilities to King William County:		
<input type="checkbox"/> Organization will provide an up-to-date roster of all officers/board members with their names, addresses, email address, and telephone numbers.		
<input type="checkbox"/> Organization will verify county resident numbers by supplying the Department a complete roster of participation with names, addresses, and phone numbers and pay a \$5.00 per participant fee per season.		
<input type="checkbox"/> Organization will submit a copy of group insurance naming King William County as co-insured.		
<input type="checkbox"/> Organization will adhere to the King William County Background Check Policy for King William County-Affiliated Groups. Organization will submit a Criminal Background Check Affidavit.		
<input type="checkbox"/> Organization will submit a copy of the User Group's Inclement Weather Policy.		
<input type="checkbox"/> Organization will be responsible for lining fields for practices and games and for field supplies to include equipment, paint, lime, etc.		
<input type="checkbox"/> Organization agrees to submit all relevant requirements to the Parks and Recreation Office at least two (2) full weeks in advance of the start date of actual usage.		

Representative Signature: _____ **Date:** _____