



City of Saratoga Springs' Recreation Department Application for Indoor Recreation Center Programming

15 Vanderbilt, Saratoga Springs, NY 12866
Tel: (518) 587-3550 ext. 2307

Applicant Name: Charlie Samuels
Applicant Address: 58 Court St. Saratoga Springs NY
Applicant Telephone Number: 518.580.1060 Cell Number: _____

Name of Proposed Program: "Skating for Groms"- skateboard lessons
Skill Level of Proposed Program: (Basic - Advanced) Basic

Description of Proposed Program Including Proposed Goals and Objectives: (Please attach documentation of the proposed activity showing as much detail as possible describing what the program's goals and objectives are.)

An introduction to basic skateboarding. Goals are to teach students how to skateboard correctly, how to do basic tricks and inspire them to skateboard.

Equipment Utilized for this Program: (If you will be using your own equipment for this program, you will be required to provide proof of Commercial General Liability Insurance in the amount of One (1) Million Dollars per Occurrence with a Two (2) Million Dollar Aggregate naming the City of Saratoga Springs as an Additional Insured upon approval of your program application.) _____

Are there any special requirements for this program? If yes, what are they? Students must bring their own skateboard, helmet, knee and elbow pads. Families must provide contact information.

Are there any safety requirements for this program? If yes, what are they? Students must bring their own skateboard, helmet, knee and elbow pads. Families must provide contact information.

Are there any special clothing requirements for this program? If yes, what are they? Students must wear the shirt provide to them by the program.

Proposed Length of Program: (Days, Weeks, Months) 2 four week sessions
How many times per week will this program take place? 1 time
Which times/days of the week are you proposing for this program? Mondays 5-6pm
Time needed for set up and cleanup: 10 mins
Anticipated Number of Participants: 10 each session
Anticipated Age Range of Participants: 4-8yrs

How much will each participant be charged for the program? \$19 for residents and \$24 for Non Residents

What fee are you requesting to be paid for your services for this program? \$0
(Please note that you will be required to obtain proof of NYS Statutory Workers Compensation or a waiver of same for your services for this program.)

Signature of Applicant: _____ Date: _____

Required Approvals/Dates: (If rejecting, please indicate reasons.)

Program Coordinator/Date: Approve/Reject _____
Recreation Program Committee/Date: Approve/Reject _____
Recreation Commission/Date: Approve/Reject _____
Risk and Safety Management/Date: Approve/Reject _____
City Attorney/Date: Approve/Reject _____
City Council/Date: Approve/Reject _____

Program Name:

Skate Lessons- Two 4 week sesssions	Number	Budgeted	Projected	Actual	Budget Variance
Income					
Registered Participants cost \$19/\$24	20		\$380.00		\$0.00
Donations (List each donation separately)					\$0.00
Grant Monies (List each grant separately)					\$0.00
Sponsorships (List each sponsorship separately)					\$0.00
Total Income		\$0.00	\$380.00	\$0.00	\$0.00
Expenses					
Equipment: Disposable					\$0.00
Equipment: Fixed					\$0.00
Independent Contractors Fee					\$0.00
Leasing Fees					\$0.00
Marketing					\$0.00
Miscellaneous Rental Fees					\$0.00
Staffing					\$0.00
Supplies Tee Shirts- at \$3.25	0		\$0.00		\$0.00
Total Expenses		\$0.00	\$0.00	\$0.00	\$0.00
Profit		\$0.00	\$380.00	\$0.00	\$0.00



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Name of Proposed Program: Saratoga Skatejam
 Skill Level of Proposed Program: (Basic - Advanced) Basic

Description of Proposed Program Including Proposed Goals and Objectives: (Please attach documentation of the proposed activity showing as much detail as possible describing what the program's goals and objectives are.)
A community gathering event for the skateboarders from Saratoga and the surrounding area at the skatepark at East Side rec. Goal is to raise awareness of the skatepark to promote the sport and tourism.

Equipment Utilized for this Program: (If you will be using your own equipment for this program, you will be required to provide proof of Commercial General Liability Insurance in the amount of One (1) Million Dollars per Occurrence with a Two (2) Million Dollar Aggregate naming the City of Saratoga Springs as an Additional Insured upon approval of your program application.) NA

Are there any special requirements for this program? If yes, what are they? Participants must wear helmets, knee pads, and elbow pads.

Are there any safety requirements for this program? If yes, what are they? Skaters must wear helmets, knee pads, and elbow pads

Are there any special clothing requirements for this program? If yes, what are they? NO

Proposed Length of Program: (Days, Weeks, Months) July 28th and October 20th 1-4pm
 How many times per week will this program take place? Two one day events
 Which times/days of the week are you proposing for this program? 1-4pm on the dates above
 Time needed for set up and cleanup: 1hr
 Anticipated Number of Participants: 30
 Anticipated Age Range of Participants: 8-50yrs

How much will each participant be charged for the program? Free

What fee are you requesting to be paid for your services for this program? \$0
 (Please note that you will be required to obtain proof of NYS Statutory Workers Compensation or a waiver of same for your services for this program.)

Signature of Applicant: _____ Date: _____

Required Approvals/Dates: (If rejecting, please indicate reasons.)

Program Coordinator/Date: Approve/Reject _____
 Recreation Program Committee/Date: Approve/Reject _____
 Recreation Commission/Date: Approve/Reject _____
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