



# 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: Saratoga Rec Department  
Applicant Address: \_\_\_\_\_  
Applicant Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name of Proposed Program: Adult Basketball League  
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.)

The purpose of this basketball league is to provide a competitive league for adults over 18 years of age. Participants will register as a team. The league will start with a maximum of 8 teams with 10 players each. Each participant will be given a reversible jersey with registration.

**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.) 2 Jr. High courts, tables, chairs, scoreboard

Are there any special requirements for this program? If yes, what are they? All participants must be over 18 years of age, there is no gender requirement

Are there any safety requirements for this program? If yes, what are they? There will be no officials, but the session will be supervised by staff. Excessive aggression or vulgarity will not be tolerated.

Are there any special clothing requirements for this program? If yes, what are they? Players are required to wear the jersey provided to them by staff, and non marking sneakers

Proposed Length of Program: (Days, Weeks, Months) 9 weeks June 24 – Aug 19  
How many times per week will this program take place? 1 day per week  
Which times/days of the week are you proposing for this program? Mondays 6-7:30pm  
Time needed for set up and cleanup: 30min before and after  
Anticipated Number of Participants: 64  
Anticipated Age Range of Participants: 18-50 years if age

How much will each participant be charged for the program? \$200 per team

What fee are you requesting to be paid for your services for this program? \_\_\_\_\_  
(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: 6/13/13

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

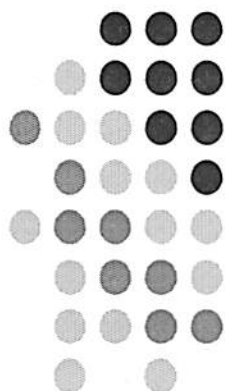
Program Coordinator/Date: Approve/Reject 6/13/13 Approve  
Recreation Program Committee/Date: Approve/Reject \_\_\_\_\_  
Recreation Commission/Date: Approve/Reject May 28, 2013  
Risk and Safety Management/Date: Approve/Reject \_\_\_\_\_  
City Attorney/Date: Approve/Reject \_\_\_\_\_  
City Council/Date: Approve/Reject \_\_\_\_\_

**Program Name: Adult Basketball League (team payment)**

	Number	Budgeted	Projected	Actual	Budget Variance
<b>Income</b>					
Registered Participants <b>\$200 per team</b>	4 Teams	\$0.00	\$800.00		\$0.00
Donations (List each donation separately)					\$0.00
Grant Monies (List each grant separately)					\$0.00
Sponsorships (List each sponsorship separately)					\$0.00
<b>Total Income</b>		<b>\$0.00</b>	<b>\$800.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Expenses</b>					
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 - 18 hours total	1 staff \$8.50 hr	\$0.00	\$153.00		\$0.00
Supplies - Reversible Jerseys	\$12.50 each	\$0.00	\$500.00		\$0.00
<b>Total Expenses</b>		<b>\$0.00</b>	<b>\$653.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Profit</b>		<b>\$0.00</b>	<b>\$147.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

The Department will transfer money from the Flag Football Program to cover the complete cost of this program.

# Adult Basketball League



**Age:** 18+

**Date:** June 24 - August 19

**Time:** Mondays, 6 - 8pm

**Location:** Saratoga Rec Center

**Cost:**

Team Fee.....\$200

*\*Jerseys will be included with each registration\**



**Registration will be by Team only.**

## Team and League Rules

- At least 5 players - Male or Female
- All participants must be registered with the Rec Dept prior to league start.
- All participants must sign Code of Conduct prior to league start.
- Must call own fouls
- Games to 21
- 6 week season, 3 week, single elimination playoff will decide winner of league

Saratoga Springs Recreation Center  
15 Vanderbilt Ave,  
Saratoga Springs, NY 12866  
(518) 587-3550 ext. 2300  
Recreservations@saratoga-springs.org  
www.saratoga-springs.org



Find us on Facebook at  
Saratoga Springs Recreation Dept.



**City of Saratoga Springs**  
**Recreation Department**  
 15 Vanderbilt Avenue, Saratoga Springs, NY 12866-4914

## Adult Recreation Permission Agreement

*Please print*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ School District \_\_\_\_\_

*In the event of an emergency, if a family physician cannot be reached, you hereby authorize yourself to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).*

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Family Medical Insurance/Government Program Name \_\_\_\_\_

**In case of Emergency, contact:**

Name	Phone	Relationship to you
_____	_____	_____

Name	Phone	Relationship to you
_____	_____	_____

*Please consult your physician prior to your participation in any City of Saratoga Springs Recreation Program. If there are questions as to whether or not your child may be capable of participating in any activity sponsored by the City of Saratoga Springs Recreation Commission, please contact the City's Recreation Department at (518) 587-3550 extension 2300.*

In that you have expressed a desire to participate in a City sponsored Recreation Program/Facilities, it is important for you to understand the goals and rules established for the Program. Each participant will have Rules of Conduct explained to him/her prior to the start of any activity. He/she must observe the rules as explained and accept the consequences of behavior modification if needed as outlined in the Recreation Handouts.

In signing this agreement, you acknowledge that you fully understand there are inherent risks and dangers associated with your participation in Recreation sponsored activities. You also understand and acknowledge your participation in these activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. You understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and you hereby accept those risks. I understand that I may be photographed or videoed and my name may be used for publicity purposes for the Saratoga Springs Recreation Program.

You hereby agree to give permission for you to participate in City sponsored Recreation Program activities and acknowledge no physical or emotional issue which would prohibit him/her from participation. You agree to indemnify and save harmless the City of Saratoga Springs from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of my child's participation in Recreation Commission sponsored events provided that any such claim, damage, loss or expense is not directly attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the negligent act or omission of the City, its agents or employees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Card Color: \_\_\_\_\_ Card # \_\_\_\_\_ City Resident (y/n) \_\_\_\_\_

City Proof: Tax Bill (S/B/L#) \_\_\_\_\_ Lease Agreement: \_\_\_\_\_ State/Fed Tax: \_\_\_\_\_

School: School District bill # \_\_\_\_\_ Report Card: \_\_\_\_\_

Risk and Safety Management

**Current Programs**

- Spring Girls Lax
- Spring Boys Lax
- Spring Soccer
- Fall Soccer
- Camp Saradac
- Clinics Pickle Ball
- Clinics Kinderskate
- Clinics Track & Field
- Clinics Long Distance Running
- Clinics Tennis
- Clinics Baseball
- Clinics Boys Basketball
- Clinics Girls Basketball
- Clinics Volleyball
- Clinics Softball
- Clinics Soccer
- Clinics Cheerleading
- Clinics Field Hockey
- Clinics Girls Lax
- Clinics Boys Lax
- Clinics Coed Lax
- Clinics Softball P&C
- Clinics Skateboard Clinic

- Summer Basketball League
- Summer Boys Lax League
- Summer Girls Lax League
- Vacation Week Bowling
- Skate Park
- Boys Biddy Basketball \*WL
- Girls Biddy Basketball
- Box Lacrosse Winter

**Other Programs**

**YOUTH PROGRAMS/FAMILY PROGRAMS/ADULT/SENIOR PROGRAMS**

- Tiny ballerina
- Squirts Lacrosse
- Squirt Soccer
- Music for tots
- Climbing Wall
- Wii sports Leagues
- Mentoring programs by Seniors
- Movie Nights
- Bike Safety
- Fire Safety
- Abduction Prevention
- Golf
- Pickleball
- Indoor Soccer
- Boot Camps

**SPECIAL EVENTS**

- Theme Nights
- Craft shows
- Scrapbooking
- Dances
- "Saratoga's Got Talent" for All Ages
- Tournaments
- Karaoke
- Wrestling
- First Night Venue

**Components of the Recreation Facility**

- ▣Gymnasium
- ▣Community Room
- ▣Outdoor Spray Park
- ▣Racquetball Court
- ▣Locker Rooms
- ▣Soccer Fields
- ▣Outdoor "free-play" area (greenspace) with playground
- ▣Picnic area
- Ice for Tots
- ▣Lobby
- ▣Kitchen/Concession area
- ▣Program sales/registration counter
- ▣Inside the gymnasium are painted lines for an indoor jogging/walking track

I will be participating in the following:  
Cross out anything not participating in.

- Camp Saradac
- Summer Clinics
- Winter Clinics
- Soccer Programs
- Getting your just deserts
- Parent-tot sports fun
- Game Nights
- Theatre classes
- Family volleyball
- Safety Fair
- Art Classes by Seniors
- Volleyball
- Walking Track
- Wallyball
- Basketball

- Additional Programs**
- Field Hockey
  - Winter Girls Lacrosse
  - Winter Volleyball
  - Winter Ice Rink
  - OAP
  - Public Skating inc. OAH, OP, FS, OAF, OAF w/lesson, OAS,

**Risk and Safety Management**

## Saratoga Springs Recreation Fall Programs

Circle: _____	Male or Female
DOB _____	Fall Grade _____



Please Complete

Participant Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Cell # \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Town \_\_\_\_\_ Home # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work # \_\_\_\_\_

E-mail \_\_\_\_\_ School Attended \_\_\_\_\_

*Please circle applicable amount*

Program	City	Free	Non City/School District	Non City/Non School District	Code	Shirt Size
<b>Homework Help</b> Sept 12 - June 26	City	Free				Youth Small Medium Large
	Non City/School District	Free				
	Non City/Non School District	Free				
<b>Fall Soccer</b> Sept 7 - Oct 26	City	\$50			6P8FCC	Adult Small Medium Large XL XXL
	<i>each additional child</i>	\$20				
	Non City/School District	\$75			6P8FCS	
	<i>each additional child</i>	\$40				
Non City/Non School District		\$100			6P8FCN	
	<i>each additional child</i>	\$100				
<b>Fall Volleyball Clinic</b> Oct 1,8,15,22,29	City	\$50			6RVFCC	
	Non City/School District	\$70			6RVFCS	
	NonCity/Non School District	\$90			6RVFCN	
<b>Intro to Field Hockey</b> Sept 12 - Oct 17	City	\$50			6PFWCC	
	Non City/School District	\$75			6PFWCS	
	NonCity/Non School District	\$100			6PFWCN	
<b>Golf World Clinic</b> Nov 5 - Dec 3	City	\$70			6RGWCC	
	Non City/School District	\$90			6RGWCS	
	NonCity/Non School District	\$90			6RGWCN	
<b>Indoor Street Hockey</b> Sept 12 - Oct 17	City				6RHACC	
	Non City/School District				6RHACS	
	NonCity/Non School District				6RHACN	
<b>Adult Basketball League</b> June 24 - August 19 Sept 16 - Nov 11	Team Fee	\$200			6RBWCC	
<b>Teen Book Club</b> Sept 12 - June 26	City	Free				
	Non City/School District	Free				
	NonCity/Non School District	Free				
<b>Zumba Fitness</b> July 10 - August 28	<i>Session Fee</i>	City	\$44	\$88	6RZACC	
		Non City/School District	\$60	\$120	6RZACS	
		Non City/Non School District	\$76	\$152	6RZACN	
	<i>Drop-In Fee</i>	City	\$6		6RZACC	
		Non City/School District	\$8		6RZACS	
		Non City/Non School District	\$10		6RZACN	

**Volunteer Coaching:**

Program \_\_\_\_\_

Grade \_\_\_\_\_ City \_\_\_\_\_ School District \_\_\_\_\_ Non-City/Non-School \_\_\_\_\_

Late Fee	After July 19, 2013	\$25	\$25	6PLATE
				6RLATE

*To be completed by Recreation Department Staff*

Card Color \_\_\_\_\_ Card # \_\_\_\_\_ City Resident \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ SBL# \_\_\_\_\_ Lease Agreement \_\_\_\_\_ State/Fed Tax \_\_\_\_\_

School District Bill# \_\_\_\_\_ Report Card \_\_\_\_\_

Cash \_\_\_\_\_

Amount: \_\_\_\_\_ Check # \_\_\_\_\_ Total Amount \_\_\_\_\_ Date \_\_\_\_\_ Batch # \_\_\_\_\_

There will be no reminder phone calls about the clinics/programs, please keep the calendar of dates!  
PLEASE MAKE CHECKS PAYABLE TO THE COMMISSIONER OF FINANCE