



**HUDSON COUNTY**  
**DEPARTMENT OF PARKS AND COMMUNITY SERVICES**  
**DIVISION OF PARKS**  
Francis X. Burke Administration Building  
Lincoln Park  
Jersey City, New Jersey 07304

**Thomas A. De Gise**  
County Executive

**Telephone**  
201-915-1388

**Michelle Richardson**  
Director

**Fax Number**  
201-915-1385

**Joseph Cecchini**  
Division Chief

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

**APPLICATION**

The \_\_\_\_\_ here with  
(PLEASE PRINT NAME, ORGANIZATION, TEAM OR LEAGUE)

Submits application for use of a \_\_\_\_\_ field in the Hudson County

Park System for the \_\_\_\_\_ season and agrees to observe the rules and regulations of the HUDSON COUNTY PARKS.

The field preferred to is: No. \_\_\_\_\_ in \_\_\_\_\_ Park.

Games will be played on \_\_\_\_\_  
(DAY OF THE WEEK)

and will start at \_\_\_\_\_ A.M. P.M.

Name of Manager or Responsible Person \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Telephone: \_\_\_\_\_

The average age of the players is: \_\_\_\_\_

The team was organized in \_\_\_\_\_  
(YEAR)

Other information \_\_\_\_\_

County Ordinance requires a copy of a Certificate of Insurance of sufficient coverage with this application before a Permit can be issued.

**Signature of Applicant:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City:** \_\_\_\_\_

**Telephone:** \_\_\_\_ (\_\_\_\_) \_\_\_\_\_







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**DEPARTMENT OF PARKS, ENGINEERING & PLANNING**  
**DIVISION OF PARKS**  
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**CONTRACT**  
**WAIVER/HOLD HARMLESS AGREEMENT**

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

Address: \_\_\_\_\_

Company Name: \_\_\_\_\_

\_\_\_\_\_ who is an employee of \_\_\_\_\_  
Name of Player Company

signs this Waiver. This Waiver promises a compliance of County rules and requirements and that I understand all rules of the League and the County. I further declare that I was not coerced or forced to sign this Waiver Agreement and I have done so of my own free will. I also state that at no time will I sue or bring legal action against the County of Hudson, its agents, servants or employee's nor will I hold the County of Hudson responsible for any injuries that may occur to me while on County Property. If I feel there is an unsafe condition present, I will not participate. I will report the unsafe condition to the County of Hudson.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**FIELD SAFETY CHECKLIST**

**FIELD:** \_\_\_\_\_ **MATCH:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**I CERTIFY THAT THE FIELD IS FREE OF ANY SAFETY HAZARDS AND IS IN GOOD CONDITION TO PLAY.**

**HEAD REFEREE:** \_\_\_\_\_  
**PRINT**

\_\_\_\_\_  
**SIGNATURE**

**CAPTAIN:** \_\_\_\_\_  
**PRINT**

\_\_\_\_\_  
**SIGNATURE**

**CAPTAIN:** \_\_\_\_\_  
**PRINT**

\_\_\_\_\_  
**SIGNATURE**