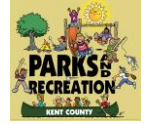




**County Commissioners of Kent County, MD  
Department of Parks & Recreation  
Organization\* Facility Access Card Application**



\*A bona fide organization permanently located in Kent County whose primary mission is to promote individuals' or families' health, wellness, or quality of life by providing personal care and or daily supervision.

**Notes:** Applications for Organization Facility Access Cards must be received by the Department no less than seven (7) business days prior to the first desired visit date along with the \$55 annual fee. Please be advised that two (2) Facility Access Cards will be mailed to the requesting organization after approval of this application.

**Please make checks payable to County Commissioners of Kent County.**

**Requestor Information**

Organization: \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Description of Organization's Services: \_\_\_\_\_  
 Organization Director/Manager Name: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 City, **County**, State, & Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Name/Title of person completing application \_\_\_\_\_

**Rules and Regulations**

**Review and initial each statement**

I understand it is the organization's responsibility to ensure all attendees within our group follow Community Center General Policies and pledge to thoroughly review these policies prior to my scheduled use of the building.  
 INITIAL HERE: \_\_\_\_\_

I understand that no more than fifteen (15) participants of the organization may come to the Community Center per visit.  
 INITIAL HERE: \_\_\_\_\_

I understand a responsible adult from the organization must be on-site to monitor the organization's participants for the duration of the visit.  
 INITIAL HERE: \_\_\_\_\_

I understand that the organization is responsible for the repair or replacement of any damage incurred to the facility or its contents during the visit of the area utilized. I understand that the organization will be billed for any damages that incur during the visit.  
 INITIAL HERE: \_\_\_\_\_

I understand that the organization is responsible for cleaning and returning the area utilized state to its original condition (including placement of tables, chairs, athletic equipment, etc.) and that failure to do so may result in the forfeiture of the organization's Facility Access Cards and jeopardize any future use of the Community Center.  
 INITIAL HERE: \_\_\_\_\_

I understand that the organization's visit must be during normal operating hours and the organization must call ahead to confirm drop-in availability.  
 INITIAL HERE: \_\_\_\_\_

I understand that an attendance sign-in sheet naming the organization's attendees must be submitted to KCPR upon arrival. Five (5) blank sheets will be provided with the Facility Access Cards mailed to my organization.  
 INITIAL HERE: \_\_\_\_\_

I understand that these Rules and Regulations are not all inclusive and I must refer to the Community Center General Policies for the policies in their entirety.  
 INITIAL HERE: \_\_\_\_\_

I understand that Kent County Parks and Recreation, Kent County Government, its elected officials, and employees are absolved of all responsibility and liability for any damage, injury, or loss sustained by person or property as a result of the user's negligence or that of any member in their group.  
 INITIAL HERE: \_\_\_\_\_

**For KCPR Use Only**

Date Request Received: \_\_\_\_\_ Facility Access Card #: \_\_\_\_\_  
 \$55 Received: \_\_\_\_\_ Form of Payment: \_\_\_\_\_ Staff Initials: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_

