

BOARD OF TRUSTEES of CANTON TOWNSHIP

Stark County, Ohio

TRUSTEES

Mark R. Shaffer
Christopher Nichols
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TOWNSHIP ADMINISTRATION OFFICE

4711 CENTRAL AVENUE SE
CANTON, OHIO 44707
PHONE: 330-484-2501
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FISCAL OFFICER

Ronald L. Smith

Canton Township Community Center

Gym Request Form For Athletic Teams

Name of Requesting Person: _____ Phone: _____

Address: _____ Email: _____

Alternate Team Contact Name: _____ Alt. Phone: _____

Name of Requesting Team (if applicable): _____

Team Age Group: _____ Date Gym Needed: ___ / ___ / ___ to ___ / ___ / ___

Name of League Affiliation (if applicable) _____

Did your team utilize a Canton Township Community Center Gym last year? _____

If so, which day (s) were you assigned? _____

Preferred Practice Days and Times: _____

The UNDERSIGNED, for himself/ herself and on behalf of the above named group, does hereby agree to protect, indemnify, save and keep harmless, Canton Township, its elected officials, employees and volunteers and others working on behalf of Canton Township from any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Canton Township, its elected officials, employees, volunteers or others working on behalf of Canton Township, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in anyway connected or associated with this agreement.

I do hereby certify that, in representation of the above named group, I have received a copy of the rules and regulations governing the use of Canton Township property and that I have read and will observe all rules and regulations of the Canton Township Community Center Gym.

(Applicant Signature)

(Date)

(For Canton Township Office Use Only)

Date Received: _____

Received By: _____