



Youth Sports Provider Permit

Team Information		
Organization/Program Name:		
Team Name:	Age Group:	
Head Coach:	Phone:	Email:
Assistant Coach:	Phone:	Email:
Team Administrator:	Phone:	Email:
Coaches are (Please check one): <input type="checkbox"/> Volunteers <input type="checkbox"/> Paid		Sport Type:
Does your team have insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a travel team: <input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Information	
Requested Facility: Choose an item.	
Field will be used for: <input type="checkbox"/> Practices	Do you require lights? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
BASEBALL ONLY What base distance do you require: <input type="checkbox"/> 60 ft <input type="checkbox"/> 70 ft <input type="checkbox"/> 90 ft	

Practice Information			
Please indicate the requested days and times of practice.			
Week Days	Time Slots (good for 2 time slots per week)	Weekends	Time Slot (Fill in requested times)
Monday	<input type="checkbox"/> 5:00 p.m. – 7:00 p.m. <input type="checkbox"/> 7:00 p.m. – 9:00 p.m.	Saturday	AM/PM TO AM/PM
Tuesday	<input type="checkbox"/> 5:00 p.m. – 7:00 p.m. <input type="checkbox"/> 7:00 p.m. – 9:00 p.m.		AM/PM TO AM/PM
Wednesday	<input type="checkbox"/> 5:00 p.m. – 7:00 p.m. <input type="checkbox"/> 7:00 p.m. – 9:00 p.m.	Sunday	AM/PM TO AM/PM
Thursday	<input type="checkbox"/> 5:00 p.m. – 7:00 p.m. <input type="checkbox"/> 7:00 p.m. – 9:00 p.m.		AM/PM TO AM/PM
Friday	<input type="checkbox"/> 5:00 p.m. – 7:00 p.m. <input type="checkbox"/> 7:00 p.m. – 9:00 p.m.		AM/PM TO AM/PM

Rules of Play

1. Field lining is not included with practice use. Any approved field lining will be completed by the Recreation and Parks Department ONLY and will result in additional charges.
2. Climbing, kicking, throwing, or hitting balls at athletic fences is prohibited.
3. If any athletic field has ponding or standing water, use of the field is prohibited.
4. Portable goals, markers, and other equipment must be removed from the field after every activity.
5. Athletic fields equipped with lights may only be used with prior approval.
6. Altering field maintenance or equipment, or failure to adhere to field closure notifications, may void the terms of this permit.
7. All youth sports organizations, including independent travel programs, must ensure that every adult in a supervisory or coaching role completes a Level 2 fingerprint-based background screening in compliance with Florida law.
8. All athletic program providers must provide proof of insurance meeting the City’s requirements, listing the City as the additionally insured.
9. The City reserves the right to not issue a permit with any person/organization/team. Any misrepresentation or violation of the terms of this permit may result in the permit being voided. Field maintenance takes priority over play and there will be occasions when the field will be closed to perform required maintenance tasks.
10. Cancellations must be made to Athletics@ocalafl.gov by 4 p.m. If lights are turned on and a team is a no-show, a fee of \$15.00 per hour will be charged. Teams will not be allowed back on the field until payment is received.

I have read all the rules pertaining to this application/permit and agree to abide by them.

Signature of applicant: _____

Date: _____

Youth Sports Provider Application Checklist

The following information must be provided to the City of Ocala, Recreation and Parks department and approved before any youth sports team is permitted to use a city athletic field.

1. **Youth Sports Provider Permit** – Provided by the City of Ocala. Requested field and time slots not guaranteed.
2. **Certificate of Liability Insurance** – The City of Ocala must be listed as an additional insured. If your team plans to practice and/or play games, your insurance must cover what your team will be using the field for. Any outside team invited to play on a city field must also provide a copy of their liability insurance listing the City of Ocala as additionally insured. All certificates must be approved by the City of Ocala, Risk Management department before a team is permitted to use a field.
 - **General liability** – A minimum of \$1,000,000 per occurrence and a minimum \$2,000,000 aggregate limit and must name the City of Ocala as Additional Insured.
 - **List as additionally insured:** City of Ocala, 110 SE Watula Ave., Ocala, FL 34471
3. **Background Check Policy** - Per Florida Statute 943.0438, all current and prospective athletic coaches in youth sports must undergo a Level 2 background screening (state + national fingerprint check) through the AHCA Clearinghouse, as mandated by Chapter 2025-97, SB 1546. The requirement extends to anyone serving as a coach, including managers, referees, umpires, etc. and cannot be delegated to individual team
4. All monies paid – See the below fee table.

Youth Athletic Fees	
Youth Sports Provider Permit (with or without lights)	\$500.00 per year for two practices per week
No-Show Penalty	\$15.00 each occurrence
Baseball/Softball Field Lining	\$75.00 per lining
Football/Soccer/Lacrosse Field Lining	\$150.00 per lining

OFFICE USE ONLY		
Date Received:	Insurance Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance Expiration Date:
Background Checks Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permit Expiration/Renewal Date	
Staff Comments:		
Staff Signature:		
Parks Division Head Approval: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Fees: <input type="checkbox"/> REGULAR <input type="checkbox"/> WAIVED <input type="checkbox"/> OTHER	
Parks Division Head Signature:	Date:	