



### Permit Request Form—Fields

(For organized athletics, please select)

Baseball      Soccer      Softball      Football

Official City Stamp for Approval:
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COACH'S NAME		
ADDRESS		
PHONE NUMBER	HOME/MOBILE:	WORK:
TEAM NAME		
AGE DIVISION: _____ BOYS: _____ GIRLS: _____		

Please list your preferences for field, time, and day of week in order beginning with 1<sup>st</sup> preference:

Date beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

FIELD PREFERENCE:			
TIME PREFERENCE:			
DAY OF WEEK:			

**RULES AND REGULATIONS FOR FIELD PERMITS:**

--City of Ludlow field permits are at no cost for youth athletic practices. Adult teams wishing to use fields will be subject appropriate fee schedule. No monies will be collected for field use or for permit for field use by any coach, team, athletic association, or person; all payments for field use will be collected by the City of Ludlow in the determined amount upon issuance of field use permit, or payment will be collected by City of Ludlow as agreed upon with paying league.

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# City of Ludlow

51 Elm Street • P.O. Box 16188  
Ludlow, Kentucky 41016

--Permits are NOT TRANSFERRABLE. If the time comes that you no longer need the use of this permit please contact the City of Ludlow Administrative Office immediately at (859) 491-1233.

--The permit holder must see that the field is cleaned up before leaving premises. All waste material (e.g., trash, cans, paper, etc.) should be placed in trash containers in the park. No glass containers are permitted on the premises.

--Do not use fields in questionable weather.

--No practice or play after dusk unless otherwise permitted.

--No parking in prohibited areas including greenspace.

--All park rules must be followed while using permitted fields.

IN ACCEPTING A PERMIT FOR THE USE OF THIS SPECIFIED FIELD, I DO WILLINGLY ACCEPT ALL RESPONSIBILITY FOR THOSE UNDER MY SUPERVISION COVERED BY THIS PERMIT. I WILL INCUR NO LIABILITY AGAINST THE CITY OF LUDLOW IN THE EVENT OF ANY ACCIDENT OR INJURY.

Coach/Athletic Club Rep/League Rep Name (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*ALL LUDLOW PARKS ARE SMOKE-FREE\*\***

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**CITY OF LUDLOW ADMINISTRATIVE STAFF USE ONLY:**

Date: \_\_\_\_\_ Approved / Denied by: \_\_\_\_\_ Picked Up / Mailed: \_\_\_\_\_

Comments: \_\_\_\_\_

PUBLIC WORKS: _____	POLICE: _____	APPLICANT: _____
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