



Armonk Indoor Sports Center

2023/24 Field Rental Form

Coach Name: _____ Team Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Sport: _____ Gender: _____ Age: _____

1) Full Session or Per-Diem Date(s)

Fall Winter Spring

2) Day (if Full Session)

Mon Tue Wed Thu Fri Sat Sun

3) Time

_____ to _____

4) Field Size

1/3 1/2 2/3 Full

5) Optional Trainer

Full Session (\$65/hr)
 Per Diem (\$90/hr)

2023/24 RATES	1/3 FIELD		1/2 FIELD		2/3 FIELD		FULL FIELD	
	Per-Diem Hour	Full-Session Hour	Per-Diem Hour	Full-Session Hour	Per-Diem Hour	Full-Session Hour	Per-Diem Hour	Full-Session Hour
FALL	\$175	\$1050 6wks-Mon \$1400 8wks-Sat \$1575 9wks	\$235	\$1410 6wks-Mon \$1880 8wks-Sat \$2115 9wks	\$270	\$1620 6wks-Mon \$2160 8wks-Sat \$2430 9wks	\$325	\$1950 6wks-Mon \$2600 8wks-Sat \$2925 9wks
WINTER*	\$230	\$3715	\$345	\$5570	\$460	\$7430	\$675	\$10900
SPRING	\$175	\$1050 6wks \$1225 7wks-Sa/Su	\$235	\$1410 6wks \$1645 7wks-Sa/Su	\$270	\$1620 6wks \$1890 7wks-Sa/Su	\$325	\$1950 6wks \$2275 7wks-Sa/Su

* Includes a 5% discount when registering for the full winter session (minimum 17 weeks). These rates do not apply to rentals for parties/events.

Terms & Conditions

- Completing this form does not guarantee placement. Please contact us to verify availability of your requested day/time.
- A 10% deposit is required for full-session registrants. The deposit is only refundable if Armonk Indoor is notified of cancellation at least four weeks before the first day of the session.
- A credit card must be listed for the application to be considered. The credit card will not be charged if a check is provided.
- The balance is due two weeks before the first day of the session. The credit card will be charged if the balance is not received by this date.
- Each participant must complete the Armonk Indoor waiver before participating.
- Outside organizations must provide a certificate of insurance naming Armonk Indoor Sports Center, North Castle Sports Associates LLC, and The Town of North Castle as additional insured prior to facility rental.
- Priority is given to groups renting for multiple sessions.
- By signing this form, the applicant understands and agrees to the terms and conditions listed above.

Payment

Deposit (10% for full-session registrants): \$ _____

Credit Card: MasterCard Visa American Express

Name: _____ Exp. Date: ____/____

Card #: _____ Sec. Code: _____

Check (payable to **Armonk Indoor Sports Center**)

Please fill out this form and email it to info@armonkindoor.com. You can also fax it or return it in person.

Signature: _____ Date: _____



Armonk Indoor Sports Center

2023/24 Session Dates

	MON	TUE	WED	THU	FRI	SAT	SUN
F A L L					Sep 01	Sep 02	Sep 03
	Sep 04	Sep 05	Sep 06	Sep 07	Sep 08	Sep 09	Sep 10
	Sep 11	Sep 12	Sep 13	Sep 14	Sep 15	Sep 16	Sep 17
	Sep 18	Sep 19	Sep 20	Sep 21	Sep 22	Sep 23	Sep 24
	Sep 25	Sep 26	Sep 27	Sep 28	Sep 29	Sep 30	Oct 01
	Oct 02	Oct 03	Oct 04	Oct 05	Oct 06	Oct 07	Oct 08
	Oct 09	Oct 10	Oct 11	Oct 12	Oct 13	Oct 14	Oct 15
	Oct 16	Oct 17	Oct 18	Oct 19	Oct 20	Oct 21	Oct 22
	Oct 23	Oct 24	Oct 25	Oct 26	Oct 27	Oct 28	Oct 29
	Oct 30	Oct 31	Nov 01	Nov 02	Nov 03	Nov 04	Nov 05
W I N T E R	Nov 06	Nov 07	Nov 08	Nov 09	Nov 10	Nov 11	Nov 12
	Nov 13	Nov 14	Nov 15	Nov 16	Nov 17	Nov 18	Nov 19
	Nov 20	Nov 21	Nov 22	Nov 23	Nov 24	Nov 25	Nov 26
	Nov 27	Nov 28	Nov 29	Nov 30	Dec 01	Dec 02	Dec 03
	Dec 04	Dec 05	Dec 06	Dec 07	Dec 08	Dec 09	Dec 10
	Dec 11	Dec 12	Dec 13	Dec 14	Dec 15	Dec 16	Dec 17
	Dec 18	Dec 19	Dec 20	Dec 21	Dec 22	Dec 23	Dec 24
	Dec 25	Dec 26	Dec 27	Dec 28	Dec 29	Dec 30	Dec 31
	Jan 01	Jan 02	Jan 03	Jan 04	Jan 05	Jan 06	Jan 07
	Jan 08	Jan 09	Jan 10	Jan 11	Jan 12	Jan 13	Jan 14
	Jan 15	Jan 16	Jan 17	Jan 18	Jan 19	Jan 20	Jan 21
	Jan 22	Jan 23	Jan 24	Jan 25	Jan 26	Jan 27	Jan 28
	Jan 29	Jan 30	Jan 31	Feb 01	Feb 02	Feb 03	Feb 04
	Feb 05	Feb 06	Feb 07	Feb 08	Feb 09	Feb 10	Feb 11
	Feb 12	Feb 13	Feb 14	Feb 15	Feb 16	Feb 17	Feb 18
	Feb 19	Feb 20	Feb 21	Feb 22	Feb 23	Feb 24	Feb 25
	Feb 26	Feb 27	Feb 28	Feb 29	Mar 01	Mar 02	Mar 03
Mar 04	Mar 05	Mar 06	Mar 07	Mar 08	Mar 09	Mar 10	
Mar 11	Mar 12	Mar 13	Mar 14	Mar 15	Mar 16	Mar 17	
Mar 18	Mar 19	Mar 20	Mar 21	Mar 22	Mar 23	Mar 24	
S P R I N G	Mar 25	Mar 26	Mar 27	Mar 28	Mar 29	Mar 30	Mar 31
	Apr 01	Apr 02	Apr 03	Apr 04	Apr 05	Apr 06	Apr 07
	Apr 08	Apr 09	Apr 10	Apr 11	Apr 12	Apr 13	Apr 14
	Apr 15	Apr 16	Apr 17	Apr 18	Apr 19	Apr 20	Apr 21
	Apr 22	Apr 23	Apr 24	Apr 25	Apr 26	Apr 27	Apr 28
	Apr 29	Apr 30	May 01	May 02	May 03	May 04	May 05
May 06	May 07	May 08	May 09	May 10	May 11	May 12	

Off Dates



Armonk Indoor Sports Center

Team Roster

Coaches must complete the roster below. Players can be added throughout the season. Only players listed on the roster who have returned the amateur athletic waiver and release of liability can participate. Players can wear only turf or indoor shoes; cleats are not allowed.

01) Name: _____ Birthdate: _____

02) Name: _____ Birthdate: _____

03) Name: _____ Birthdate: _____

04) Name: _____ Birthdate: _____

05) Name: _____ Birthdate: _____

06) Name: _____ Birthdate: _____

07) Name: _____ Birthdate: _____

08) Name: _____ Birthdate: _____

09) Name: _____ Birthdate: _____

10) Name: _____ Birthdate: _____

11) Name: _____ Birthdate: _____

12) Name: _____ Birthdate: _____

13) Name: _____ Birthdate: _____

14) Name: _____ Birthdate: _____

15) Name: _____ Birthdate: _____

16) Name: _____ Birthdate: _____

17) Name: _____ Birthdate: _____

18) Name: _____ Birthdate: _____

19) Name: _____ Birthdate: _____

20) Name: _____ Birthdate: _____

Waiver of Liability

As a parent/team representative, I acknowledge that the team/individuals are responsible for their players' physical health and are participating in this program at their own risk. I/we agree to comply with all program regulations and hereby remove the staff and management of North Castle Sports Associates LLC, Armonk Indoor, and the Town of North Castle from any and all liability for injury or damages incurred while involved in this program. I understand that neither North Castle Sports Associates LLC, Armonk Indoor, nor the Town of North Castle will assume responsibility for accidents and/or medical expenses incurred at Armonk Indoor Sports Center. I am aware that North Castle Sports Associates LLC does not provide medical insurance in this program. In the event of an emergency, I hereby grant North Castle Sports permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room. Permission is hereby granted to utilize Armonk Indoor photos and videos as promotional materials. I have carefully read all of the information and agree to all conditions.

Signature: _____ Date: _____



Armonk Indoor Sports Center

Amateur Athletic Waiver and Release of Liability

Individual Name: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Email: _____

Team or Organization: _____

Please speak with your physician before starting any exercise program.

In consideration of being allowed to participate in any way and/or enter upon, use and/or engage in sports activities at Armonk Indoor Sports Center, including participation in practices, events and/or other uses of the indoor facility at 205 Business Park Drive, Armonk, NY 10504, and their athletic/sports programs and related events and activities, the undersigned:

- Agree that prior to participating, he/she will inspect the facilities and equipment to be used, and if he/she believes anything is unsafe, he/she will immediately advise a representative of Armonk Indoor Sports Center of such condition(s) and refuse to participate;
- Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used; further, that there may be other risks not known to us or not reasonably foreseeable at this time;
- Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death;
- Understand that North Castle Sports Associates LLC does not provide medical insurance in such activities;
- Release, waive, discharge and covenant not to sue Armonk Indoor Sports Center, North Castle Sports Associates LLC, and The Town of North Castle or their affiliated clubs, their respective members, administrators, directors, coaches and other employees of said organizations, participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessees of premises used to conduct the event, all of which are hereinafter referred to as "releases," from demand, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise;
- Shall defend, indemnify, and hold Armonk Indoor Sports Center, North Castle Sports Associates LLC, and The Town of North Castle, their officers, employees, and agents harmless from and against any and all liability, loss, expense, including reasonable attorneys' fees, or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the individual or group renting space from the facility, its officers, agents or employees.

The undersigned have read and acknowledge that he/she is entering into the above waiver and release, understanding that they have given up substantial rights by signing it and sign it voluntarily.

WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, IT IS MY INTENTION ON BEHALF OF MYSELF OR MY MINOR CHILD TO SPECIFICALLY RELEASE AND INDEMNIFY ARMONK INDOOR SPORTS CENTER, NORTH CASTLE SPORTS ASSOCIATES LLC AND THE TOWN OF NORTH CASTLE FROM ANY AND ALL CLAIMS ARISING FROM THEIR OWN NEGLIGENCE. I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS ARMONK INDOOR SPORTS CENTER, NORTH CASTLE SPORTS ASSOCIATES LLC AND THE TOWN OF NORTH CASTLE FROM ANY LIABILITIES, LOSSES, DAMAGES, SETTLEMENTS, CLAIMS, EXPENSES AND COSTS ARISING FROM MY OR MY CHILD'S PARTICIPATION IN THE DESCRIBED ACTIVITY, SAID INDEMNITY TO INCLUDE COURT COSTS AND REASONABLE ATTORNEYS' FEES.

Individual Signature (18 or older): _____ Date: _____

Guardian Signature (minor player): _____ Date: _____