

<i>Initial Each or Enter "N/A"</i>	COMPLETE NAME OF ORGANIZATION	CALENDAR YEAR
EQUAL OPPORTUNITY AND NON-DISCRIMINATION PLEDGE		

Our organization assures all persons an equal opportunity in all aspects of its recreational and athletic programs and activities. Our organization does not discriminate on the basis of race, color, sex, religion, national origin, age, marital status, mental or physical disability, or political affiliation.

ACKNOWLEDGEMENT OF RECEIPT OF GUIDELINES & POLICIES

Our organization agrees to fully comply with all departmental policies, which are updated and posted on the departmental website by July 1st of each year -- www.aacounty.org/recparks

Our organization agrees to only use the updated forms found on the departmental website for facility scheduling requests, background check authorizations, sports, etc. - *Old forms are not acceptable.*

Our organization agrees to initially submit all facility use applications directly to the Department of Recreation and Parks Facility Scheduling Office and not to the respective school.

Our organization has read the Department's and Board of Education's Tobacco, Drug and Alcohol Policies as stated in the Facility User Guidelines and pledges to comply fully.

ORGANIZATIONAL ACCREDITATION SUBMISSION REQUIREMENTS

Organizational Declaration Affidavit (notarized) along with the required supporting documentation.

Organizational Accreditation Profile reflecting an updated list of all current organizational officers, commissioners and board members and a list of sponsored activities with required information.

Only those individuals on record with the Department are authorized to request the use of a public facility and make changes in officers. Updates will be provided as they occur during the year.

Proof of \$500,000 of General Liability Insurance for organizations that engage in physical activities, which indemnifies the Department of Recreation & Parks and the Board of Education. The Insurance Certificate must state: ***Anne Arundel County Maryland, it's Officers, Agents and Employees are additional insured.***

Assessment of Community Need for organizations applying for its **initial** accreditation and/or **expansion** of the type of activities it sponsors (i.e. adding a sport).

Bylaws for our organization will be provided within three working days upon request by the Department of Recreation & Parks. *Do not submit until requested.*

I am authorized to complete this form on behalf of our organization. I pledge to share departmental guidelines and policies with the members of our organization. I understand that knowingly signing a false statement may impact our organization's continued use of public facilities.

PRINTED NAME OF REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE SIGNED
---------------------------------------	------------------------------------	--------------------