



# 2019 Main Beach Volleyball Tournament Application Packet

**Parks and Recreation  
323 Church Street  
Santa Cruz, CA 95060  
(831) 420-5266 – Jill Bates  
[www.santacruzparksandrec.com](http://www.santacruzparksandrec.com)**



## 2019 Beach Volleyball Tournament Policy & Application Process

Early Bird Application period: October 1 – November 1, 2018

### Application Process

1. Beach Volleyball Tournament Applications (**160 player max.**) must be submitted a minimum of 60 days in advance of requested dates. Submit application packet to Jill Bates, City of Santa Cruz Parks & Recreation, 323 Church St. Santa Cruz, CA 95060 or emailed to [jbates@cityofsantacruz.com](mailto:jbates@cityofsantacruz.com).
2. \$150 refundable deposit and tournament fees are due with application for 1 - 2 tournament dates.
3. \$775 refundable deposit is due with application for 3+ tournament dates (2018 deposits will be rolled over to 2019, if deposit has not been returned from 2018).
4. **Cancellation Policy:**
  - 60 days or less - full deposit is forfeited
  - 90 days or less - 50% of deposit is forfeited
  - 91 days or more - 25% of deposit is forfeited
5. **Tournaments fees:**

| <u>Non-profit</u>         | <u>Standard</u>           | <u>Commercial</u>         |
|---------------------------|---------------------------|---------------------------|
| \$55/day* per court       | \$72/day* per court       | \$101/day* per court      |
| \$30/half day** per court | \$38/half day** per court | \$51/half day** per court |

\*4+ hours = all day  
\*\*1-4 hours = half day
6. **Final tournament fees and 10% of gross registration is due two weeks prior to each tournament.**

### Use Policy

1. One-day tournaments (160 player max.) are scheduled through the City's Parks and Recreation Department depending upon availability.
  - **PEAK SEASON:** Memorial Day weekend through Labor Day weekend - only one, 1-day tournament per weekend is allowed (Sat or Sun).
  - **OFF SEASON:** After the Labor Day weekend and prior to the Memorial Day weekend  
1- one-day tournaments can be scheduled on both weekend days (1 tournament per group).
2. General liability insurance with an endorsement listing the City of Santa Cruz as additionally insured is required for all tournaments. Please see City of Santa Cruz insurance requirements.
3. Multi-day tournaments and/or 160+ player tournaments are submitted directly to the City's Special Events Office (831) 420-5132, [www.cityofsantacruz.com/departments/city-manager/special-event-permits/public-special-events](http://www.cityofsantacruz.com/departments/city-manager/special-event-permits/public-special-events)

### Reservation Guidelines

1. **Early Bird application period October 1 – November 1, 2018.**
2. Incomplete application packets will not be accepted.  
Complete applications include:
  - *Use Application for City Athletic Facilities* form
  - 2019 Request Calendar – circle dates, provide court number and time for each court for each date – use a separate piece of paper if necessary
  - Signed Beach Volleyball Conditions of Use, Exhibit A
  - Signed Hold Harmless Agreement
  - Fees or deposits (*see #2 and #3 in application process section above*) - checks made payable to: *City of Santa Cruz*
  - Certificate of Insurance naming the City of Santa Cruz as additionally insured **with an “endorsement page”** listing the City of Santa Cruz. See Insurance requirements in application packet
  - Nonprofit Authorization Form required annually for all nonprofit applicants
3. **Nov. 6:** Applicants will be contacted by email of duplicate date requests.
4. **Nov. 8:** Duplicate dates will be chosen by lottery if applicants cannot resolve date conflicts among themselves
5. **Nov. 8:** Applicants will be emailed the outcome of the lottery.
6. **Nov. 13:** Applicants will be emailed and/or mailed their 2019 reservation date(s).
7. **Dec. 20:** Confirmation packets and rental contracts will emailed and mailed to applicants



**Parks and Recreation Department**  
 323 Church Street  
 Santa Cruz, CA 95060  
 Ph: 831-420-5270 Fax 831-420-5271  
[www.santacruzparksandrec.com](http://www.santacruzparksandrec.com)

**USE APPLICATION FOR CITY  
 ATHLETIC FACILITIES**

Park/Beach: \_\_\_\_\_

Field(s) /Court: \_\_\_\_\_

Date(s): \_\_\_\_\_

Times: *start* \_\_\_\_\_ *end* \_\_\_\_\_

Purpose of Use (e.g. *games, practice, tournament, etc*): \_\_\_\_\_

Number of people expected: \_\_\_\_\_

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Company/Organization (if applicable): \_\_\_\_\_

Non-Profit # \_\_\_\_\_

Applicant/Coach: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Fax number: \_\_\_\_\_

Please indicate the following:

|   | YES                      | NO                       |                               | YES                      | NO                       |
|---|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| Have you reserved with us before?   | <input type="checkbox"/> | <input type="checkbox"/> | Will other equipment be used? | <input type="checkbox"/> | <input type="checkbox"/> |
| Will field lights be used?(\$20/ hour charge)<br><i>(Beach facilities excluded)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <i>Please explain</i> _____   |                          |                          |
| Will amplified sound be used?   | <input type="checkbox"/> | <input type="checkbox"/> |                               |                          |                          |

I declare under penalty of perjury that I am the authorized representative of the organization (activity) listed on this application and that the information I supplied here in is true and correct. I have carefully read, considered, and agreed to abide by all rules and regulations shown on the reverse.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ date

\_\_\_ I agree to the above term and conditions.



**BEACH VOLLEYBALL REQUEST**

Name of Organization/Group: \_\_\_\_\_

Facility/Field Requested: \_\_\_\_\_ Approximate Number: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**BEACH VOLLEYBALL REQUEST**  
(circle dates you wish to reserve and enter times below)

**JANUARY 2019 – DECEMBER 2019**

X = Not available.

| JANUARY 2019 |    |    |    |    |    |    | FEBRUARY 2019 |    |    |    |    |    |    | MARCH 2019 |    |    |    |    |    |    | APRIL 2019 |    |    |    |    |    |    |
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**CITY OF SANTA CRUZ CONDITIONS OF USE**  
**SANTA CRUZ MAIN BEACH VOLLEYBALL**  
Exhibit A

1. Permittee shall ensure that the event(s) begin and end on time.
2. No alcohol shall be sold or consumed in association with these events on any public lands. All advertising for the events must indicate no alcohol consumption is allowed. No glass containers allowed.
3. Permittee is responsible for all cleanup of the site and restoring area used to the condition as it is existed prior to the events. A \$150- \$775 refundable cleanup deposit will be required.
4. Permittee will pay the cost of the permit for each day of the event.
5. Permittee will pay event court fees ten (10) working days in advance of the next tournament.
6. Commercial sales of any items will not be allowed at this event.
7. Permittee must obtain a sound permit (\$33) if sound amplification is to be used. Permittee is responsible for presentation of permit at the events if requested. Sound must be directed toward the ocean.
8. Electricity is available for permittee to use during the events.
9. Permittee shall pay parking meter revenue loss for any meters reserved. Permittee shall contact City Parking Control (420-5181) five (5) days prior to the event for bagging of meters.
10. NO vehicles will be allowed on the beach at any time.
11. Permittee shall agree to and sign an indemnification agreement acceptable to the City.
12. Permittee shall provide the City of Santa Cruz with a certificate of insurance and endorsement for standard form commercial general liability insurance coverage acceptable to the City thirty (30) days prior to the events.
14. Failure to comply with any of the above conditions may be cause for revocation of this permit.

I have read, understand and will comply with the conditions of use as listed in this and other required permits and /or documents.

\_\_\_\_\_  
Event Permittee Name

\_\_\_\_\_  
Event Permittee Signature

\_\_\_\_\_  
Date

Return signed conditions to:  
Beach Events – Attn: Jill Bates  
323 Church St  
Santa Cruz, CA 95060  
Fax: 831-420-5271



# INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

WHEREAS, the \_\_\_\_\_ hereinafter referred to as the Permittees,  
 \_\_\_\_\_ Event Sponsor(s)  
 have been afforded the privilege of the use of Santa Cruz City \_\_\_\_\_  
 \_\_\_\_\_ Facility  
 during the \_\_\_\_\_ to be held on \_\_\_\_\_  
 \_\_\_\_\_ Event \_\_\_\_\_ Date(s)

NOW, THEREFORE, in consideration of the granting and exercise of the above-mentioned license and privilege, the Permittees do hereby promise, agree and covenant:

1) To indemnify, save harmless and defend the City of Santa Cruz, its officers, agents and employees from any and all claims, demands, actions, judgments, costs, attorney's fees and damages of any kind for liability which the City may incur for injury to or the death of any persons or damage to property arising out of or in any manner related to the above-described Permittee's use or occupancy of \_\_\_\_\_  
 \_\_\_\_\_ List Specific Facility

Said obligation to indemnify, defend and hold the City harmless extends to active negligence by the City.

2) That the Permittees will not make any claim, institute any suit, or otherwise resort to any legal processes, either legal or equitable, against the City of Santa Cruz, or any of its affiliated departments, agencies, bureaus or boards for any loss or damage, financial or otherwise to their personnel, property, reputation, or business arising out of the Permittees' presence and activities connected with the use of said Santa Cruz City property or arising out of any arrangements to or from area used and property for which the City of Santa Cruz might otherwise be responsible;

3) That should it become necessary to enforce the terms of this agreement by legal or equitable action, or should the Permittees breach this agreement, the Permittees will pay legal costs and attorney's fees incurred by the City of Santa Cruz either in defense of a suit by the Permittees or in the prosecution of a suit against the Permittees.

4) To provide suitable supervision of individuals of their organization who use any City of Santa Cruz property or \_\_\_\_\_  
 \_\_\_\_\_ Special area to be used

5) No non-appropriated or appropriated funds of the City of Santa Cruz are obligated by this agreement;

6) The City of Santa Cruz reserves the right to terminate this agreement at any time without prior notice to the Permittees.

For: \_\_\_\_\_  
 \_\_\_\_\_ Organization Name \_\_\_\_\_ Organization Representative  
 \_\_\_\_\_  
 \_\_\_\_\_ Date

BEACH STREET

COCONUT GROVE

WEST BROOK RAMP

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F

|             |    |    |             |    |    |
|-------------|----|----|-------------|----|----|
| 1           | 3  | 5  | 7           | 9  | 12 |
| 2           | 4  | 6  | 8           | 10 | 13 |
| NO<br>Court | 4A | 6A | NO<br>Court | 11 | 14 |

MAIN BEACH VOLLEYBALL  
COURTS  
As of 9-25-17

OCEAN



# **CITY ORDINANCES**

## **AT THE**

# **BEACH**

---

**-No dogs on the beach**

(SC Municipal Code 8.14.200A)

**-No alcohol on the beach**

(SC Municipal Code 13.08.030)

**-No smoking on the beach**

(SC Municipal Code 6.04.060 (1)(s))

**-No glass on the beach**

(SC Municipal Code 13.08.025)

**-No fires on the beach**

(SC Municipal Code 13.08.050)

[www.cityofsantacruz.com](http://www.cityofsantacruz.com)  
Parks & Recreation, 831-420-5270





## Certificate of Insurance Requirements

### Certificates of Insurance must be current and include the following:

1. Required liability limits (minimum of \$1,000,000 - \$2,000,000 per occurrence, based on scope of work, degree of risk or other circumstance)
2. Name and address of insured
3. Location of event or operation
4. Description of class, event or operation
5. Date issued
6. Policy effective date and policy expiration date – expiration date must be effective through class, event or operation date(s)
7. The City of Santa Cruz must be listed as additional insured on liability insurance policy as follows: "The City of Santa Cruz, its officers, officials, employees, agents and volunteers" Additional Insured Endorsement required: Certificate of insurance alone will not be accepted.
8. The certificate holder must be the City of Santa Cruz. The address should be:

The City of Santa Cruz  
809 Center Street Room 7  
Santa Cruz, CA 95060
9. Primary coverage – Any contractor's insurance coverage shall be primary insurance as respects the City, its officers, officials, employees, agents and volunteers.
10. Advance written notice must be provided to the City of Santa Cruz of any modification, change or cancellation of any component of the insurance coverage.
11. Certifications of Insurance and Endorsements are due in advance of class, event or operation.
12. If contractor has employees, Worker's Compensation Insurance meeting statutory limits and a Waiver of Subrogation Endorsement are required. (If no employees, contractor must fill out a Waiver Form stating there are no employees in order to be exempt from the Worker's Compensation Insurance Requirement.)
13. The liability insurance must be on an "occurrence" basis, including products-completed operations, covering the participants in the event or operation, as well as spectators (if applicable).

City reserves the right to modify any of insurance limits (higher or lower coverage amounts) or require additional specialized insurance coverages for specific risk exposures depending on the scope or work or other circumstances. In addition to meeting the insurance requirements, contractors will be required to indemnify and hold the City, its officers, officials, employees, agents and volunteers harmless from any potential liability relating to the event or operation.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|          |                               |                |
|----------|-------------------------------|----------------|
| PRODUCER | CONTACT NAME:                 |                |
|          | PHONE (A/C, No. Ext):         | FAX (A/C, No): |
| INSURED  | EMAIL ADDRESS:                |                |
|          | INSURER(S) AFFORDING COVERAGE |                |
|          | INSURER A:                    |                |
|          | INSURER B:                    |                |
|          | INSURER C:                    |                |
|          | INSURER D:                    |                |
|          | INSURER E:                    |                |
|          | INSURER F:                    |                |

COVERAGES                      CERTIFICATE NUMBER:                      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDL. INSR | SUBR. WVD | POLICY NUMBER | POLICY BEG (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|------------|-----------|---------------|-------------------------|-------------------------|---|
|          | GENERAL LIABILITY   |            |           |               |                         |                         | EACH OCCURRENCE \$  |
|          | COMMERCIAL GENERAL LIABILITY  |            |           |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea. occurrence) \$                               |
|          | CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>                           |            |           |               |                         |                         | MED EXP (Any one person) \$   |
|          |   |            |           |               |                         |                         | PERSONAL & ADV INJURY \$  |
|          |   |            |           |               |                         |                         | GENERAL AGGREGATE \$  |
|          |   |            |           |               |                         |                         | PRODUCTS - COM/POP AGG \$   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:  |            |           |               |                         |                         | \$  |
|          | POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> |            |           |               |                         |                         | \$  |
|          | AUTOMOBILE LIABILITY  |            |           |               |                         |                         | COMBINED SINGLE LIMIT (Ea. accident) \$                                     |
|          | ANY AUTO  |            |           |               |                         |                         | BODILY INJURY (Per person) \$   |
|          | ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>             |            |           |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          | HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>                 |            |           |               |                         |                         | PROPERTY DAMAGE (Per accident) \$   |
|          |   |            |           |               |                         |                         | \$  |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>                         |            |           |               |                         |                         | EACH OCCURRENCE \$  |
|          | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>                     |            |           |               |                         |                         | AGGREGATE \$  |
|          |   |            |           |               |                         |                         | \$  |
|          | DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/>                              |            |           |               |                         |                         |   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |            |           |               |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                   |            |           |               |                         |                         | E.L. EACH ACCIDENT \$   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below  |            |           |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$   |
|          |   |            |           |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The City of Santa Cruz, its officers, officials, employees, agents and volunteers are named as additional insured.

|  |  |
|--|--|
| CERTIFICATE HOLDER   | CANCELLATION   |
| City of Santa Cruz<br>Risk Management<br>809 Center Street<br>Santa Cruz, CA 95060 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|  | AUTHORIZED REPRESENTATIVE  |

**2** This notice confirms the provisions of the California Insurance Code, §384. Other states have similar provisions. It states that the policy, not the certificate governs coverage.

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS IS NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the provisions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in the absence of such endorsement(s).

|  |  |
|--|--|
| <p><b>PRODUCER</b></p> <p style="text-align: center;"><i>This block identifies the Agent or Broker.</i></p>        | <p><b>CONTACT NAME:</b></p> <p>PHONE (A/C, No., Ext): _____ FAX (A/C, No.): _____</p> <p>E-MAIL ADDRESS: _____</p>   |
| <p><b>INSURED</b></p> <p style="text-align: center;"><i>The insured is your entity's contractor or lessee.</i></p> | <p style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></p> <p>INSURER A: _____ NAIC # _____</p> <p>INSURER B: _____ <b>3</b></p> <p>INSURER C: _____</p> <p>INSURER D: _____</p> <p>INSURER E: _____</p> <p>INSURER F: _____</p> <p style="text-align: center;"><i>The insurer will be identified here. The insurer letter appears again near the left margin at "3" to show which insurer provides which coverage.</i></p> |

**COVERAGES**      **CERTIFICATE NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADD'L SUBR INSR | WAVD | NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------------|------|--------|-------------------------|-------------------------|---|
|          | <p><b>GENERAL LIABILITY</b></p> <p>COMMERCIAL GENERAL LIABILITY</p> <p><input type="checkbox"/> CLAIMS-MADE    <input type="checkbox"/> OCCUR</p>  |                 |      |        |                         |                         | <p>PERSONAL &amp; ADV INJURY \$</p> <p>GENERAL AGGREGATE \$</p> <p>PRODUCTS - COM/PROP AGG \$</p> <p>COMBINED SINGLE LIMIT (Ea accident) \$</p> <p>PROPERTY (Per person) \$</p> <p>PROPERTY (Per accident) \$</p> <p>DAMAGE \$</p> <p>REFERENCE \$</p> <p>ACCIDENT \$</p> <p>- EA EMPLOYEE \$</p> |
|          | <p><b>AUTOMOBILE LIABILITY</b></p> <p>ANY AUTO</p> <p>ALL OWNED AUTOS</p> <p>HIRED AUTOS</p> <p>SCHEDULED AUTOS</p> <p>NON-OWNED AUTOS</p>   |                 |      |        |                         |                         |   |
|          | <p><b>UMBRELLA LIAB</b></p> <p>EXCESS LIAB</p> <p><input type="checkbox"/> OCCUR    <input type="checkbox"/> CLAIMS-MADE</p>   |                 |      |        |                         |                         |   |
|          | <p><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b></p> <p>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)</p> <p><input type="checkbox"/> Y/N    <input type="checkbox"/> N/A</p> <p>If yes, describe under DESCRIPTION OF OPERATIONS below</p> |                 |      |        |                         |                         |   |

**9** This section will usually be used to restrict coverage to a specific job or lease. Watch for restrictions that would omit the coverage required by your specifications.

**11** Cancellation provisions

|  |  |
|--|--|
| <p><b>CERTIFICATE HOLDER</b></p> <p style="text-align: center;"><b>10</b> Certificate holder is your entity.</p> | <p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>   |
|  | <p><b>12</b> AUTHORIZED REPRESENTATIVE</p> <p style="text-align: center;"><i>The authorized representative of the insurer should be an employee, unless the agent or broker is specifically authorized to sign on behalf of the company.</i></p> |

POLICY NUMBER:

CG 20 10 11 85

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person or Organization:**

As required by written contract by both parties prior to any "occurrence" in which coverage is sought under this policy.

City of Santa Cruz, its officials, officers, agents, employees and volunteers.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

| DATE                       | EVENT  | CONTACT  |
|----------------------------|--|--|
| Wed. Aug. 19<br>9:30am-5pm | <b>No Attitudes Allowed (Adult)</b><br>courts 1-4 & 12-14 (9:30a-1:30p), 5-11 (9:30a-5p) | Liz Fowler<br>lizzyfowler@aol.com                  |
| Sat. Aug. 26<br>9am-5:30pm | <b>CBVA Adult</b><br>courts 1-6 (9a-5:30p), 7-14 (9a-1p)                                 | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| <b>SEPTEMBER</b>           |  |  |
| Sat. Sep. 9<br>9:30am-5pm  | <b>No Attitudes Allowed (Adult)</b><br>courts 1-4 & 12-14 (9:30a-1:30p), 5-11 (9:30a-5p) | Liz Fowler<br>lizzyfowler@aol.com                  |
| Sat. Sep. 16<br>9am-5:30pm | <b>CBVA Adult</b><br>courts 1-6 (9a-5:30p), 7-14 (9a-1p)                                 | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| Sat. Sep. 23<br>8am-6pm    | <b>PSEA Company Tournament</b><br>courts 1-6   |  |
| <b>OCTOBER</b>             |  |  |
| Sat. Oct. 14<br>9:30am-5pm | <b>No Attitudes Allowed (Adult)</b><br>courts 1-4 & 12-14 (9:30a-1:30p), 5-11 (9:30a-5p) | Liz Fowler<br>lizzyfowler@aol.com                  |
| <b>NOVEMBER</b>            |  |  |
| Sat. Nov. 4<br>9:30am-5pm  | <b>No Attitudes Allowed (Adult)</b><br>courts 1-4 & 12-14 (9:30a-1:30p), 5-11 (9:30a-5p) | Liz Fowler<br>lizzyfowler@aol.com                  |

#### **VOLLEYBALL TOURNAMENT RENTALS**

Applicants interested in hosting a volleyball tournament may rent the Main Beach volleyball courts from the Parks and Recreation Department (contact Jill Bates at 420-5266). Tournaments are limited to Saturdays or Sundays from Memorial Day to Labor Day. Tournaments may be scheduled on Saturday and/or Sunday before Memorial Day or after Labor Day if available. Applicants must apply 60 days in advance of the requested tournament date.

#### **TOURNAMENT FEES**

| <u>Non-Profit</u> | <u>Standard</u>  | <u>Commercial</u> |
|-------------------|------------------|-------------------|
| \$52/day/court    | \$68/day/court   | \$96/day/court    |
| \$28/½-day/court  | \$36/½-day/court | \$47/½-day/court  |

Day = 4+ hours

½-Day = 1-4 hours



# MAIN BEACH

## VOLLEYBALL TOURNAMENT GUIDE

# 2017

**PUBLISHED: 12/12/16**

| <b>DATE</b>                 | <b>EVENT</b>   | <b>CONTACT</b>                                       |
|-----------------------------|--|--|
| <b><u>March</u></b>         |  |  |
| Sat. March 11<br>9am-1pm    | <b>NCVA Youth (Tryouts)</b><br>courts 1-14   | Melissa Walker<br>415-550-7582                       |
| Sun. March 12<br>9am-1pm    | <b>NCVA Youth (Tryouts)</b><br>courts 1-14   | Melissa Walker<br>415-550-7582                       |
| Sat. March 18<br>9am-1pm    | <b>NCVA Youth (Tryouts)</b><br>courts 1-14   | Melissa Walker<br>415-550-7582                       |
| Sun. March 19<br>9am-1pm    | <b>Notre Dame Belmont High school</b><br>courts 1-4                                      | Barry Peters<br>650-245-8937                         |
| Sat. March 25-26<br>9a-5pm  | <b>SC V-ball Club</b><br>Courts 1-6 (9a-5p) courts 7-14 (9a-1p)                          | Lucas Bol<br>831-359-2721                            |
| <b><u>APRIL</u></b>         |  |  |
| Sat. April 8<br>9:30am-5pm  | <b>No Attitudes Allowed (Adult)</b><br>courts 1-4 & 12-14 (9:30a-1:30p), 5-11 (9:30a-5p) | Liz Fowler<br>lizzyfowler@aol.com                    |
| Sat. April 15-16<br>8am-5pm | <b>SCV-ball Club</b><br>courts 1-14 (9a-5p)  | Lucas Bol<br>Lucas@sbeachvolleyball.com/831-359-2721 |
| Sat. April 22<br>9am-5:30pm | <b>CBVA Adult</b><br>courts 1-6 (9a-5:30p), 7-14 (9a-1p)                                 | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674   |
| <b><u>MAY</u></b>           |  |  |
| Sat. May 6<br>9am-5:30pm    | <b>CBVA Adult</b><br>courts 1-6 (9a-5:30p), 7-14 (9a-1p)                                 | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674   |
| Sat. May 13<br>9:30am-5pm   | <b>No Attitudes Allowed (Adult)</b><br>courts 1-4 & 12-14 (9:30a-1:30p), 5-11 (9:30a-5p) | Liz Fowler<br>lizzyfowler@aol.com                    |
| Sun May 14<br>9a-5pm        | <b>SC V-ball Club</b><br>Courts 1-6 (9a-5p) courts 7-14 (9a-1p)                          | Lucas Bol<br>831-359-2721                            |
| Sat. May 20-21<br>7am-5pm   | <b>NCVA Youth</b><br>courts 1-14   | Melissa Walker<br>415-550-7582                       |
| Sat. May 27<br>9am-5:30pm   | <b>CBVA Adult</b><br>courts 1-6 (9a-5:30p), 7-14 (9a-1p)                                 | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674   |
| <b><u>JUNE</u></b>          |  |  |
| Sat. June 3<br>7am-5pm      | <b>NCVA Youth</b><br>courts 1-14   | Melissa Walker<br>415-550-7582                       |
| Wed. June 7<br>9am-3pm      | <b>CBVA Youth</b><br>courts 1-6 (9a-3p), 7-16 (9a-1p)                                    | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674   |
| Sat. June 10<br>9am-5:30pm  | <b>CBVA Adult</b><br>courts 1-6 (9a-5:30p), 7-14 (9a-1p)                                 | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674   |
| Wed. June 14<br>9am-3pm     | <b>CBVA Youth</b><br>courts 1-6 (9a-3p), 7-16 (9a-1p)                                    | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674   |
| Sat. June 17<br>9:30am-5pm  | <b>No Attitudes Allowed (Adult)</b><br>courts 1-4 & 12-14 (9:30a-1:30p), 5-11 (9:30a-5p) | Liz Fowler<br>lizzyfowler@aol.com                    |

| <b>DATE</b>                | <b>EVENT</b>   | <b>CONTACT</b>                                     |
|----------------------------|--|--|
| Wed. June 21<br>9am-3pm    | <b>CBVA Youth</b><br>courts 1-6 (9a-3p), 7-16 (9a-1p)                                    | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| Sun. June 25<br>7am-5pm    | <b>NCVA Youth</b><br>courts 1-14   | Melissa Walker<br>415-550-7582                     |
| Wed. June 28<br>9am-3pm    | <b>CBVA Youth</b><br>courts 1-6 (9a-3p), 7-16 (9a-1p)                                    | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| Thu. June 29<br>7am-5pm    | <b>NCVA Youth</b><br>courts 7-14   | Melissa Walker<br>415-550-7582                     |
| <b><u>JULY</u></b>         |  |  |
| Sat. July 1<br>9am-5:30pm  | <b>CBVA Adult</b><br>courts 1-6 (9a-5:30p), 7-14 (9a-1p)                                 | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| Wed. July 5<br>9am-3pm     | <b>CBVA Youth</b><br>courts 1-6 (9a-3p), 7-16 (9a-1p)                                    | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| Thu. July 6<br>7am-5pm     | <b>NCVA Youth</b><br>courts 7-14   | Melissa Walker<br>415-550-7582                     |
| Sat. July 8<br>9am-5:30pm  | <b>CBVA Adult</b><br>courts 1-6 (9a-5:30p), 7-14 (9a-1p)                                 | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| Wed. July 12<br>9am-3pm    | <b>CBVA Youth</b><br>courts 1-6 (9a-3p), 7-16 (9a-1p)                                    | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| Sat. July 15<br>9:30am-5pm | <b>No Attitudes Allowed (Adult)</b><br>courts 1-4 & 12-14 (9:30a-1:30p), 5-11 (9:30a-5p) | Liz Fowler<br>lizzyfowler@aol.com                  |
| Wed. July 19<br>9am-3pm    | <b>CBVA Youth</b><br>courts 1-6 (9a-3p), 7-16 (9a-1p)                                    | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| Thu. July 20<br>7am-5pm    | <b>NCVA Youth</b><br>courts 7-14   | Melissa Walker<br>415-550-7582                     |
| Sat. July 22<br>7am-5pm    | <b>NCVA Youth</b><br>courts 1-14   | Melissa Walker<br>415-550-7582                     |
| Wed. July 26<br>9am-3pm    | <b>CBVA Youth</b><br>courts 1-6 (9a-3p), 7-16 (9a-1p)                                    | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| Sat. July 29<br>7am-5pm    | <b>NCVA Youth</b><br>courts 1-14   | Melissa Walker<br>415-550-7582                     |
| <b><u>AUGUST</u></b>       |  |  |
| Wed. Aug. 2<br>9am-3pm     | <b>CBVA Youth</b><br>courts 1-6 (9a-3p), 7-16 (9a-1p)                                    | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| Sat. Aug. 5<br>8am-5pm     | <b>CBVA Adult</b><br>courts 1-6 (9a-5:30p), 7-14 (9a-1p)                                 | Mark Hull<br>mark@mainstreetbeach.com/831-724-3674 |
| Thu. Aug. 10<br>7am-5pm    | <b>NCVA Youth</b><br>courts 7-14   | Melissa Walker<br>415-550-7582                     |
| Sat. Aug. 12<br>7am-5pm    | <b>NCVA Youth</b><br>courts 1-14   | Melissa Walker<br>415-550-7582                     |



PARKS & RECREATION DEPARTMENT  
323 Church Street • Santa Cruz, CA 95060  
[p] (831) 420-5270 • [f] (831) 420-5271

## Nonprofit Authorization Form

**Non-profit organization** (to be completed by authorized personnel or board representative)

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Non-Profit Tax ID #** \_\_\_\_\_ **Phone:** \_\_\_\_\_

This document certifies that the Board of Directors or authorized personnel of our non-profit agency **has approved the following individual(s)** to use this agency's non-profit status to make reservations at City of Santa Cruz facilities.

Authorized User: \_\_\_\_\_ Phone \_\_\_\_\_

Authorized User: \_\_\_\_\_ Phone \_\_\_\_\_

Authorized User: \_\_\_\_\_ Phone \_\_\_\_\_

Authorized User: \_\_\_\_\_ Phone \_\_\_\_\_

*List any additional names on back or an attachment.*

The authorization of use of this non-profit organization's Tax ID recognizes that:

- allows the aforementioned individuals to sign contracts and make reservations at Parks & Recreation facilities and that;
- the non-profit assumes full liability and responsibility for these reservations as stated within the period of authorization.

This authorization extends until \_\_\_\_\_ (Not greater than 1 year from today's date)

It is understood and agreed that the applicant assumes all risks for the loss, damage, liability, injury, cost or expense that may arise during or be caused in any way by such use of the facilities of the City of Santa Cruz; the applicant further agrees that in consideration of being permitted to use said facilities the applicant will save and hold the said City of Santa Cruz and/or their employees free and harmless from any loss, claim and liability or damages, and/or injuries to persons or property that in any way may be caused by applicant's use or occupancy of said facilities. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damage sustained by the grounds, building, furniture, or equipment occurring through the occupancy of said facilities by the applicant.

As the representative of this event, I agree that while I/we use this facility, I/we will not discriminate on the basis of disability. I, the undersigned, have read, and agree to abide by the rules and regulations for the facility use as listed on supplemental materials. The terms of this agreement may not be altered or amended unless the undersigned and the City of Santa Cruz agree in writing to such an alteration or amendment. This agreement may not be orally amended or altered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_