ATHLETIC FIELD PERMIT

BERKELEY TOWNSHIP
DIVISION OF RECREATION

Name of Team/Organization: Lacey Soccer Club

Person in Charge: Sox Risano Phone: [redacted]

Email: [redacted]

Address: 472 lake Barnegat Dr N

Activity: Soccer

Day, Date(s) & Times: Tuesdays or Thursdays 5:30-9 Age 6-9

March 1 – June 28 11/21

Number of Participants: 65-70

Field (s) Requested: 1st Choice: Vets turf

2nd Choice:

1. Consumption of ALCOHOLIC BEVERAGES PROHIBITED at our fields, Twp. Code Chp.54-11A (6)
2. In case of inclement weather, this division will determine playability of field.
3. Team Roster and schedules must be submitted PRIOR to field approval.
4. Keep a copy of this permit on hand.
5. No permit will be approved without certificate of liability (1,000,000 minimum) Naming "Berkeley Township" as additionally insured.
6. Permits are non-transferable and are issued to the permittee ONLY. Express written consent from the Township is required if the permittee wishes to transfer the rights of the permit to an affiliate or other entity not listed on the issued permit.
7. Permittee shall provide the Township with copies of the roster(s) of the team(s) utilizing the fields that are the subject of this permit.
8. Per Resolution No.2021-100-R grass fields are no charge but use of any organization must be scheduled through Recreation. Turf fields are $125.00 per hour for Berkeley Township Residents or businesses and $250.00 per hour for all others.
9. Permit holders are required to comply with all applicable Executive Orders and DOH health and safety standards.

Athletic Field lighting Fees:
*$25.00 per hour for Berkeley Township residents or businesses $50.00 per hour for all others
The signing of this request form binds the applicant to abide by the aforementioned policies of Berkeley Township, Division of Recreation.

Insurance-Certificate of Liability naming Berkeley Township additionally insured. Expires: 4/24
Auto Renews

Signature: Sox Risano Date: 2/21/2024

Approved By: Date:

BERKELEY TOWNSHIP RECREATION • PARKS • BEACHES

LACEY99 OP ID: DC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/31/2023

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(ies) must have ADDITIONAL INSURED provisions or 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 RPS Bollinger Sports & Leisure PO Box 1322 Morristown, NJ 07960 Will Krouslis	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: *Markel Insurance Company — 38970
INSURED Lacey Soccer Club PO Box 946 Forked River, NJ 08731	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR	X		3602AH008276	04/01/2023	04/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [ ]	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH008275	04/01/2023	04/01/2024	Med Max:	25,000
	Full Excess						Ded:	250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as an additional insured. Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

BERKLEY

Berkeley Township
627 Pinewald-Keswick Road
Bayville, NJ 08721

CANCELLATION

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

LACEY99 OP ID: DC

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PRODUCER RPS Bollinger Sports & Leisure PO Box 1322 Morristown, NJ 07960 Will Krouslis	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
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	POLICY [ ] PRO-JECT [ ] LOC						GENERAL AGGREGATE	$ 3,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
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	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
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	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] PER STATUTE [ ] OTH-ER	
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CERTIFICATE HOLDER

BERKLEY

Berkeley Township Recreation
P.O. Box B
630 Atlantic City Boulevard
Bayville, NJ 08721

CANCELLATION

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

ATHLETIC FIELD PERMIT

BERKELEY TOWNSHIP
DIVISION OF RECREATION

Name of Team/Organization: Lacey Soccer Club

Person in Charge: Dox Fissler Phone: [redacted]

Email: [redacted]

Address: 472 Lake Barnegat Dr

Activity: Soccer Practice

Day, Date(s) & Times: Wed begin 28 Aug 5:30 - 8:30 until 27 Nov 2024
Thereafter every other Weds

Number of Participants: 60

Field (s) Requested: 1st Choice: Turf field at Veterans Park

2nd Choice:

1. Consumption of Alcoholic beverages and or Non-Prescription Drugs are PROHIBITED at our fields, Twp. Code Chp.54-11A (6)
2. In case of inclement weather, this division will determine playability of field.
3. Keep a copy of this permit on hand.
4. ***No permit will be approved without certificate of liability (1,000,000 minimum) Naming "Berkeley Township" and "Berkeley Township Recreation" as additionally insured.***
5. Permits are non-transferable and are issued to the permittee ONLY. Express written consent from the Township is required if the permittee wishes to transfer the rights of the permit to an affiliate or other entity not listed on the issued permit.
6. Permittee shall provide the Township with copies of the roster(s) of the team(s) utilizing the fields that are the subject of this permit.
7. Per Resolution No.2021-100-R grass fields are no charge but use of any organization must be scheduled through Recreation. Turf fields are $125.00 per hour for Berkeley Township Residents or businesses and $250.00 per hour for all others.
8. Permit holders are required to comply with all applicable Executive Orders and DOH health and safety standards and all Township Ordinances and State and Local Laws.
9. Practices can start after March 17th, weather permitting.
10. Organized sports can start after April 1st, weather permitting.
11. Fields cannot be used until frost is gone.
12. At our discretion, Parks and Recreation has authority over field usage and closures due to maintenance of fields and grounds.

SD Usage fee to be set by 23 Aug

Athletic Field lighting Fees:
*$25.00 per hour for Berkeley Township residents or businesses *50.00 per hour for all others
The signing of this request form binds the applicant to abide by the aforementioned policies of Berkeley Township, Division of Recreation.
Insurance-Certificate of Liability naming Berkeley Township additionally insured.
Expires:

Signature: [signature] Date: 8/19/24

Approved By: [signature] Date: 8/19/2024

I acknowledge the fee obligation:

Sign: [signature]

Date: 8/19/24

Picked Up Signed Permit:

Sign: [signature]

Date: 8/19/24

ATHLETIC FIELD PERMIT

BERKELEY TOWNSHIP
DIVISION OF RECREATION

Name of Team/Organization: Lacey SC Club Soccer

Person in Charge: Sox Pisano Phone: [redacted]

Email: [redacted]

Address: 472 Lake Barnegat Dr

Activity: Soccer Practice

Day, Date(s) & Times: Tue and Thurs 5:30 - 8:30

Aug 8st - ~~June~~ 21st 2025 Aug 8th - March 25 approved reapply for post March March in January

Number of Participants: 60

Field (s) Requested: 1st Choice: Vets Turf

2nd Choice: _____

1. Consumption of ALCOHOLIC BEVERAGES PROHIBITED at our fields, Twp. Code Chp.54-11A (6)
2. In case of inclement weather, this division will determine playability of field.
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Insurance-Certificate of Liability naming Berkeley Township additionally Insured. Expires: _____

Signature: Sox Pisano Date: 7/1/2024

Approved By: Michael [illegible] Date: 7/29/24

I acknowledge The fee obligation

sign date

Picked up Permit

sign date

ATHLETIC FIELD PERMIT

BERKELEY TOWNSHIP
DIVISION OF RECREATION

Name of Team/Organization: Lacey Soccer Club

Person in Charge: Sox Risano Phone: [redacted]

Email: [redacted]

Address: 472 lake Barnegat Dr N

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Day, Date(s) & Times: Tuesdays or Thursdays 5:30-9

March 1 – June 28

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Signature: [signature] Date: 2/21/2024

Approved By: _____ Date: _____

LACEY99 OP ID: DC

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A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X Incl Participants GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	X		3602AH008276	04/01/2023	04/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	Accident Insurance Full Excess			4102AH008275	04/01/2023	04/01/2024	Med Max: Ded:	25,000 250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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AUTHORIZED REPRESENTATIVE

ATHLETIC FIELD PERMIT 2025

BERKELEY TOWNSHIP DIVISION OF RECREATION

Name of Team/Organization: Lacey Soccer Club

Person in Charge: Sox Pisano Phone: [redacted]

Email: [redacted]

Address: 472 lake Barnegat Dr N

Activity: Soccer Number of participants 60

Day, Date(s) & Times: Every Wednesday 19th – July 16th
5:30 – 8:30 March

PLEASE ATTACH A SECOND SHEET IF DATES OF FIELD USE EXCEED A 2 MONTH SPAN

Field (s) Requested: 1st Choice: Vets turF 2nd Choice: Vets TurF

1. ***This permit acts as a binding contract, and will be voided in the event of misuse of fields or breaches of basic code of conduct by players, coaches or spectators.***
2. ***Please submit all paperwork 14 days prior to your requested dates of use: THOSE RECEIVED LESS THAN 48 HOURS PRIOR MAY NOT BE HONORED***
3. Consumption of Alcoholic beverages and or Non-Prescription Drugs are PROHIBITED at our fields, Twp. Code Chp.54-11A (6)
4. In case of inclement weather, this division will determine playability of field, including frost.
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8. Permittee shall provide the Township with copies of the roster(s) of the team(s) utilizing the fields that are the subject of this permit.
9. Township owned grass field use is no charge. Turf fields are $125.00 per hour for Berkeley Township Residents or businesses and $250.00 per hour for all others.
10. Permit holders are required to comply with all applicable Executive Orders and DOH health and safety standards and all Township Ordinances and State and Local Laws.
11. **Weather permitting, practices start after March 17th, games start after April 1st.**
12. **All fields are closed November 24, 2024 until 3/2025.**
13. Parks and Recreation has authority over field usage and closures due to maintenance, etc.
14. **DO NOT MOVE OR REMOVE ANY FIXTURES INCLUDING GOALS, BENCHES, ETC.**
15. **PLEASE MAKE A SWEEP OF THE FIELDS AND PICKUP ANY TRASH.**

Key rec'd 3/24/25

Athletic Field lighting Fees:

*$25.00 per hour for Berkeley Township residents or businesses *50.00 per hour for all others

Signature: [signature] Date: 2/5/25

Approved By: [signature] Date: 3/19/25

I acknowledge the fee obligation: $_____

Sign: _____

Date: _____

Picked up / Signed Permit:

Sign: [signature]

Date: 3/24/25

75 hour fee [signature]

LACEY99 OP ID: DC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/30/2024

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(ies) must have ADDITIONAL INSURED provisions or 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 RPS Bollinger Sports & Leisure PO Box 1322 Morristown, NJ 07960 Will Krouslis	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : *Markel Insurance Company	38970
INSURED Lacey Soccer Club PO Box 946 Forked River, NJ 08731	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		3602AH008276	04/01/2024	04/01/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH008275	04/01/2024	04/01/2025	Med Max:	25,000
	Full Excess						Ded:	250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as an additional insured. Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

BERKLEY

Berkeley Township
627 Pinewald-Keswick Road
Bayville, NJ 08721

CANCELLATION

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

LACEY99 OP ID: DC

CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER RPS Bollinger Sports & Leisure PO Box 1322 Morristown, NJ 07960 Will Krouslis	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : *Markel Insurance Company	38970
INSURED Lacey Soccer Club PO Box 946 Forked River, NJ 08731	INSURER B :	
	INSURER C :	
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	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR	X		3602AH008276	04/01/2024	04/01/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	X Incl Participants						MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Accident Insurance			4102AH008275	04/01/2024	04/01/2025	Med Max:	25,000
	Full Excess						Ded:	250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as an additional insured. Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

BERKLEY

Berkeley Township Recreation
P.O. Box B
630 Atlantic City Boulevard
Bayville, NJ 08721

CANCELLATION

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

BERKELEY TOWNSHIP

Name of Team/Organization: Lacey Soccer

Person In Charge: Sox Pisano Phone: [redacted]

Email: [redacted]

Address: 472 Lake Barnegat Dr N

Activity: Soccer Number of participants 50

Day, Date(s) & Times: Wednesdays 5:30-8:30

Aug 13th - Nov 19th 1st + 3rd Wed. also 10/29

PLEASE ATTACH A SECOND SHEET IF DATES OF FIELD USE EXCEED A 2 MONTH SPAN

Field (s) Requested: 1st Choice: Vets Turf 2nd Choice: _____

1. ***This permit acts as a binding contract, and will be voided in the event of misuse of fields or breaches of basic code of conduct by players, coaches or spectators.***
2. ***Please submit all paperwork 14 days prior to your requested dates of use: THOSE RECEIVED LESS THAN 48 HOURS PRIOR MAY NOT BE HONORED***
3. Consumption of Alcoholic beverages and or Non-Prescription Drugs are PROHIBITED at our fields, Twp. Code Chp.54-11A (6)
4. In case of inclement weather, this division will determine playability of field, including frost.
5. Keep a copy of this permit on hand.
6. ***No permit will be approved without certificate of liability (1,000,000 minimum) Naming "Berkeley Township" and "Berkeley Township Recreation" as additionally insured.***
7. Permits are non-transferable and are issued to the permittee ONLY.
8. Permittee shall provide the Township with copies of the roster(s) of the team(s) utilizing the fields that are the subject of this permit.
9. Township owned grass field use is no charge. Turf fields are $125.00 per hour for Berkeley Township Residents or businesses and $250.00 per hour for all others.
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11. **Weather permitting, practices start after March 17th, games start after April 1st.**
12. **All fields are closed November 24, 2024 until 3/2025.**
13. Parks and Recreation has authority over field usage and closures due to maintenance, etc.
14. **DO NOT MOVE OR REMOVE ANY FIXTURES INCLUDING GOALS, BENCHES, ETC.**
15. **PLEASE MAKE A SWEEP OF THE FIELDS AND PICKUP ANY TRASH.**

Athletic Field lighting Fees:

*$25.00 per hour for Berkeley Township residents or businesses *50.00 per hour for all others

Signature: [signature] Date: 7/13/2025

Approved By: [signature] Date: 8/29/25 emid. 8/29

Acknowledge the fee obligation: $_____ Picked up / Signed Permit:

Sign: _____ Sign: _____

Date: _____ Date: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/15/2025

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PRODUCER	**CONTACT NAME:** Ivy Rodriguez
Risk Placement Services - Bollinger Sports & Leisure	**PHONE (A/C, No, Ext):** 973-921-8008 **FAX (A/C, No):**
PO Box 4162	**E-MAIL ADDRESS:** Ivy Rodriguez
Clinton IA 52733	**INSURER(S) AFFORDING COVERAGE** / **NAIC #**
INSURED	**INSURER A :** Markel Insurance COmpany 38970
Lacey Soccer Club	**INSURER B :**
PO Box 946	**INSURER C :**
	INSURER D :
Forked River NJ 08731	**INSURER E :**
	INSURER F :

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☑ OCCUR ☑ Incl Participants ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:	Y		3602AH008276-12	04/01/2025	04/01/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [blank]	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 1,000,000 $
	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [blank]	$ $ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE [blank]	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Accident Insurance Full Excess			4102AH008275-11	04/01/2025	04/01/2026	Med Max 25,000 Ded 250	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is included as an additional insured. Coverage is provided under these policies only for sponsored/supervised activities of the named insured for which a premium has been paid.

CERTIFICATE HOLDER

Berkeley Township
627 Pinewald-Keswick Road
Bayville NJ 08721

CANCELLATION

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

J Russell Duffy

ATHLETIC FIELD PERMIT

BERKELEY TOWNSHIP
DIVISION OF RECREATION

Name of Team/Organization: Cedar Stars Academy Ocean

Person in Charge: Sox Pisano Phone: [redacted]

Email: [redacted]

Address: PO Box 946 Forked River NJ 08731

Activity: Soccer Practice

Day, Date(s) & Times: Tuesday and/or Thursday 6:30-9pm

[redacted] Wednesday 6:30-9pm

Number of Participants: 75

Field (s) Requested: 1st Choice: Veterans Park Turf Field

2nd Choice: —

August 15 2024 – June 15 2025

1. Consumption of ALCOHOLIC BEVERAGES PROHIBITED at our fields, Twp. Code Chp.54-11A (6)
2. In case of inclement weather, this division will determine playability of field.
3. Team Roster and schedules must be submitted PRIOR to field approval.
4. Keep a copy of this permit on hand.
5. No permit will be approved without certificate of liability (1,000,000 minimum) Naming "Berkeley Township" as additionally insured.
6. Permits are non-transferable and are issued to the permittee ONLY. Express written consent from the Township is required if the permittee wishes to transfer the rights of the permit to an affiliate or other entity not listed on the issued permit.
7. Permittee shall provide the Township with copies of the roster(s) of the team(s) utilizing the fields that are the subject of this permit.
8. Per Resolution No.2021-100-R grass fields are no charge but use of any organization must be scheduled through Recreation. Turf fields are $125.00 per hour for Berkeley Township Residents or businesses and $250.00 per hour for all others.
9. Permit holders are required to comply with all applicable Executive Orders and DOH health and safety standards.

Athletic Field lighting Fees:

*$25.00 per hour for Berkeley Township residents or businesses *50.00 per hour for all others

The signing of this request form binds the applicant to abide by the aforementioned policies of Berkeley Township, Division of Recreation.

Insurance-Certificate of Liability naming Berkeley Township additionally insured. Expires: 6/2025

Signature: Sox Pisano Date: _____

Approved By: _____ Date: _____

BERKELEY TOWNSHIP RECREATION • PARKS • BEACHES

BERKELEY TOWNSHIP ...

Name of Team/Organization: Lake Soccer

Person in Charge: Sox Pisano Phone: [redacted]

Email: [redacted]

Address: 472 Lake Barnegat Dr N

Activity: Soccer Number of participants 50

Day, Date(s) & Times: Wednesdays 5:30-8:30

Aug 13th - Nov 19th

PLEASE ATTACH A SECOND SHEET IF DATES OF FIELD USE EXCEED A 2 MONTH SPAN

Field (s) Requested: 1st Choice: Vets Turf 2nd Choice: _____

1. ***This permit acts as a binding contract, and will be voided in the event of misuse of fields or breaches of basic code of conduct by players, coaches or spectators.***
2. ***Please submit all paperwork 14 days prior to your requested dates of use: THOSE RECEIVED LESS THAN 48 HOURS PRIOR MAY NOT BE HONORED***
3. Consumption of Alcoholic beverages and or Non-Prescription Drugs are PROHIBITED at our fields, Twp. Code Chp.54-11A (6)
4. In case of inclement weather, this division will determine playability of field, including frost.
5. Keep a copy of this permit on hand.
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Athletic Field lighting Fees:

*$25.00 per hour for Berkeley Township residents or businesses *50.00 per hour for all others

Signature: [signature] Date: 7/13/2025

Approved By: _____ Date: _____

Acknowledge the fee obligation: $_____ Picked up / Signed Permit:

Sign: _____ Sign: _____

Date: _____ Date: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/15/2025

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PRODUCER Risk Placement Services - Bollinger Sports & Leisure PO Box 4162 Clinton IA 52733	CONTACT NAME: Ivy Rodriguez PHONE (A/C, No, Ext): 973-921-8008 FAX (A/C, No): E-MAIL ADDRESS: Ivy Rodriguez		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Markel Insurance COmpany		38970
INSURED Lacey Soccer Club PO Box 946 Forked River NJ 08731	INSURER B :		
	INSURER C :		
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	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS ☐						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Accident Insurance Full Excess			4102AH008275-11	04/01/2025	04/01/2026	Med Max 25,000 Ded 250	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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CERTIFICATE HOLDER

Berkeley Township
627 Pinewald-Keswick Road
Bayville NJ 08721

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Russell Duffy

TRANSACTION SUMMARY

PAYMENT ITEM	REFERENCE NUMBER	AMOUNT
Facility Rentals	TURF FIELD RENTAL 2024	$750.00
	Total:	**$750.00**

Confirmation Number	FXWDDO2QWQ
Date Processed	Aug 14, 2025 01:10 PM
Transaction Type	In-Person Check
Payer Name	LACEY SOCCER
Check Number	2430

Berkeley Township Current
627 Pinewald Keswick Road
Bayville, NJ 08721
Phone: 732-244-7400

Reference Number: 20402144

Facility Rentals
Reference Number:
TURF FIELD RENTAL 2024 $750.00

Total: **$750.00**

Signature: