YOUTH SPORTS
GAME PLAN

THE CITY OF
COLUMBUS
RECREATION AND PARKS

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Table of Contents

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ABOUT US

Our Youth Sports Office is a division of the Columbus Recreation and Parks Department. We connect the community recreation centers of our city to encourage fun and healthy activities for the diverse neighborhoods of Columbus. What we do is essential to the overall well-being of our residents. In addition to just being fun, our parks, programs and services give all of us a chance to improve our physical and mental health, to develop our youth, to focus on our environment, and to make a positive economic impact on our city. Important information about our programs and events (including how to register and get involved) can be found on our website.

Purpose Statement

CRPD Youth Sports is committed to providing a fun, safe and memorable sports experience for all. We are dedicated to creating a positive environment that encourages sportsmanship, respect, health and well-being that will help our youth develop in sports and in life.

General Program Information

The Columbus Recreation and Parks Department offers youth sports programming for ages 4 to 18 at our Community Centers

Sports Offered: Baseball/Softball, Basketball, Flag Football, Soccer, Hockey, Gymnastics, Track, and Cheer, Dance and Step

CRPD Youth Sports Philosophy

CRPD Youth Sports is committed to providing a fun, safe and memorable sports experience for all. We are dedicated to creating a positive environment that encourages sportsmanship, respect, health and well-being that will help our youth develop in sports and in life.

I.N.S.P.I.R.E.

INCLUSION: We provide opportunities for our community's youth to have fun and thrive in a positive, healthy environment. We are committed to the principle that every child has the right to play. Affordable pricing that supports program sustainability is imperative. Scholarships are offered so that no child is denied their right to play.

NEIGHBORHOOD: We will help create and instill neighborhood pride as we strive to meet the unique needs of each community. Using our facilities and community centers, we strive to connect all of our neighborhoods through their passion for sport.

SAFETY: Our certified staff and coaches teach each sport based on the highest safety standards. Our staff is trained and aware of safety principles for all situations. Safe, clean, presentable facilities that follow industry standards are used for all programs. Proper and quality equipment is provided for use by all participants.

PERSONAL HEALTH: Our programs not only strive to promote fun and competition, but also support our participants' personal health and wellness. We focus on creating a positive environment that improves physical, mental and emotional health.

INTEGRITY: We believe that the most important quality toward becoming a great leader in our community is integrity. We are dedicated to teaching those involved in our programs to do the right thing and be accountable, even when no one is watching.

RESPECT: Respect is having consideration for other people and their lives. Through teamwork and sportsmanship, our youth will learn compassion and empathy for others. CRPD Youth Sports programs seek to teach good behavior during competition for our players, parents and coaches that will translate into everyday life. This will help us build a foundation to improve how our communities interact.

EDUCATION: Our programs are not only designed to promote play, but also to educate our participants in the rules of each sport and knowledge of everyday health. In addition, we offer education and certifications for our staff/volunteers.

2023 General Information

Baseball, Softball and Tee Ball

Spring Registration: February - April
Game play: Begins May

Fall Registration: July - August
Game play: Begins September

Basketball

Registration: October - November
Game play: Begins early January

Cheer, Dance and Step

Registration: Done through Recreation Centers
Competition: January, March and May

Flag Football

Registration: January - March
Game play: Begins April

Gymnastics

Registration: Done through Community Centers
Competition: January, February, March, April and May

Soccer

Registration: April - August
Game play: September - October and April - May of the following year.

Track

Registration: Done through Community Centers
Competition: June and July

Hockey

Learn to Skate: Fall and Spring
Program: 6 weeks

Learn to Play:
Program: December and January

Ice Hockey Teams: League is in collaboration with the Columbus Ice Hockey Club (CIHC)
Season: October - February
http://www.leag1.com/?org=columbushockeyclub.com

SCHOLARSHIP INFORMATION

The Columbus Recreation and Parks Department is committed to the principle that every child has the right to play. We offer opportunities in diverse and growing sports, so that every child may engage in an activity of interest. Affordable pricing that supports program sustainability is imperative.

Sports Scholarship Pricing

	Baseball	Basketball	Football	Soccer (23-24 Season)
League Fee	$35, $45, $55, $60	$35, $60	$45	$35, $46, $60
Reduced Scholarship Fee	$25	$25	$20	$25

Requirements

- Parent/Legal Guardian must register in-person at their local community center and provide proof of eligibility
- Must be 18 years or younger (If 18, must be enrolled high school)
- Meet income eligibility requirements
- Must answer all demographic questions in order to register

Scholarship Proof of Eligibility Options

- Current Medicaid card, including Buckeye Community Health Plan, Molina Healthcare of Ohio, United Healthcare Community Plan, CareSource, Paramount Advantage or Eppicard.
- Most recent federal income tax return showing adjusted gross income and number of dependents (1040 form).

Household Size	Maximum Income Level (per year)
2	$33,700
3	$37,900
4	$42,100
5	$45,500
6	$48,850
7	$52,250
8	$55,600

EXPECTATIONS

Player Expectations

- Show respect for all players, parents, coaches, officials, staff and spectators.
- Be a team player and help others to enjoy the CRPD sports experience.
- Make an effort to attend all practices and games. Communicate to coaches when you are unable to attend.
- Help maintain a safe environment for play by learning and adhering to the rules and policies of CRPD
- Have a positive attitude at all times and recognize that recreational sports are focused on the fun of the game and not winning and losing.
- Be the best citizen that you can be for the good of yourself and the community.

EXPECTATIONS

Parent/Guardian/Spectator Expectations

All parents, guardians and spectators involved with our programs must abide by our Code of Ethics. They also must impart these values into their children and lead by example. Our youth look to us for guidance and learn from our behaviors and words. We ask that we all adhere to these values to improve our community.

Parents' Code Of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following the National Alliance of Youth Sports Parent Orientation & Membership Program - Parents' Code of Ethics:

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child plays in a safe and healthy environment.
- I will require that my child's coach is trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol, and will refrain from their use at all youth sports events.
- I will remember that the game is for youth - not for adults.
- I will do my very best to make youth sports fun for my child.
- I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching or providing transportation.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

EXPECTATIONS

Coach/Volunteer Expectations

Columbus Recreation and Parks Department believes that all youth athletes should have a positive introduction and experience in sports. Our programs emphasize fun, sportsmanship, a healthy approach to competition and discourages the “win at all costs” attitude while striving for excellence in all areas. Participants, coaches, parents, volunteers and employees are expected to support this philosophy.

Coaches' Code Of Ethics

The following Code of Ethics has been developed in compliance with standards as set forth by the Columbus Recreation and Parks Department and the National Youth Sports Coaches Association (NYSCA).

Our coaches are the “face” of the program to our parents, officials, our schools and our community at large. Thus, each coach is expected to maintain a high level of integrity and professionalism both on and off the field. A coach’s primary responsibility is to develop good citizens and athletes, and to instill a passion for the game in our players. Thus, our coach’s performance is not measured by wins and losses, rather in what they teach the players in terms of technique, sportsmanship and fair play.

- I will place the emotional and physical well-being of my players ahead of personal desire to win.
- I will treat each player as an individual; remember the large range of emotional and physical development for these age groups.
- I will be responsible for my demands on the player’s time, energy and enthusiasm. I will remember that they have other interests. I will always remember that my players are children, not professional athletes.
- I will always exhibit proper and ethical behavior while interacting with players, coaches, officials, leagues, staff and parents at all games. I understand that the use of foul or abusive language is strictly prohibited.
- I will promise to review and practice the basic first aid principles needed to treat injuries of my players.
- I will lead by example in demonstrating fair play and sportsmanship to all my players.
- I will treat each player, opposing coach, official, staff and parent with respect and dignity.
- I will remember that I am a youth sports coach and that the game is for children and not adults.

EXPECTATIONS

Staff Expectations

- Represent the Columbus Recreation and Parks by Conducting myself in a dignified manner relating to emotions, language, attitude and actions
- Acknowledge and redirect inappropriate behavior from participants and spectators.
- Display control and professionalism at all times during any circumstances
- Respect the rights, dignity and worth of every person, including opponents, other coaches, officials, administrators, parents, athletes, and spectators
- Act at all times to protect the principles of fun, safety and development of all athletes
- Be aware and understand the role and influence of a coach as an educator, imparting knowledge of skill as well as proper personal, academic, and social behavior.
- Provide an equal opportunity for all athletes to play the sport.
- Staff will follow the “no-touch” policy with athletes except where necessary for the development of the athletes’ skill(s) or athletic ability.

Behavioral Expectations

The rules below apply to parents/guardians, spectators, coaches, and players.

Zero Tolerance Policy

Unsportsmanlike or abusive behavior by spectators, coaches, players or teams will not be tolerated. Individual and team penalties will be given by administrators of the program and will be based on the severity of the actions (see below).

- Any violation of the Zero Tolerance Policy will warrant a minimum one game suspension from all CRPD leagues or tournaments, including participation as a spectator, for any sporting events held at Columbus Recreation and Parks facilities. The Youth Sports Office will make a determination if a longer penalty is warranted as to the severity of the situation or the status of participation in multiple sports or leagues.
- The jurisdiction of game officials does not end until they have vacated the game site and surrounding areas. An individual does not have the right to abuse a game official because the official contest has concluded. Ejections or other game penalties may still be given at or beyond the conclusion of the contest and shall be considered in all aspects of a participant's conduct.
- The suspension period does not include postponed games.
- Anyone ejected for unsportsmanlike behavior must leave the facility immediately. Failure to do so could result in the game being forfeited.
- After an incident is reported, the Youth Sports Office will review the situation, collect all necessary information and make a decision on any disciplinary action.

Ejection Policy and Disciplinary Action

A participant or spectator in a City of Columbus Recreation and Parks program that violates the Zero Tolerance Policy and is ejected or suspended from any facility, program, contest, or activity for the following acts of unsportsmanlike or misconduct, shall be subjected to the following disciplinary procedures:

- Hitting, striking, pushing or any contact of a City of Columbus Recreation and Parks employee, official/umpire, participant or spectator.
    - Disciplinary Action: Suspension from City of Columbus Recreation and Parks facilities and/or programs for a minimum of one year.
- Threatening physical harm or the use of any intimidation towards a City of Columbus Recreation and Parks employee, official/umpire, participant, or spectator.
    - Disciplinary Action: Suspension from City of Columbus Recreation and Parks facilities and/or programs for a minimum of one month.
- Verbally abusing a City of Columbus Recreation and Parks employee, official/umpire, participant, or spectator.
    - Disciplinary Action: Suspension from City of Columbus Recreation and Parks programs and/or facilities for a minimum of one week.
- Acting in a way which would cause equipment or facility damage, and/or injury to a person.
    - Disciplinary Action: Suspension from City of Columbus Recreation and Parks programs and/or facilities for a minimum of one month.
- Failing to cooperate and respond honestly to inquiries or requests for assistance in identifying individuals who may be involved in incidents.
    - Disciplinary Action: Suspension from City of Columbus Recreation and Parks programs and/or facilities for the individual and/or their team, club, or organization for a minimum of one month.
- Participating under an assumed name, providing false information, or illegally participating in a division of play.
    - Disciplinary Action: Suspension City of Columbus Recreation and Parks programs and/or facilities for a minimum of one week.
- Personal conduct situations that are not covered by the provisions stated in the above items #1-6 will be dealt with in an appropriate manner by the Recreation Administrative Manager and/or Coordinator within Youth Sports at their discretion.

BACKGROUND CHECKS

Columbus Recreation and Parks Department Guidelines for Background Screen of Volunteers and Independent Contractors:

Background Screening Practices

The goal of these guidelines is to make our communities safe by advancing optimum volunteer management practices. Implementing these guidelines can engender public confidence and lessen the risk of exposure to liability due to a lack of knowledge regarding our volunteers' background. More specifically, an effective screening process assists the CRPD to:

- Raise public awareness of quality programs offered.
- Make the safety of all participants, particularly the most vulnerable groups (children, elderly, persons with disabilities, etc.) a top priority.
- Eliminate candidates who have a history of inappropriate behavior.
- Select the "most qualified" volunteers and contracted staff for positions.

Who Will Be Screened

All volunteers and contracted staff who work with children, seniors, people with disabilities or who handle money will be screened. Corporations or organizations that volunteer employees to assist with one-time CRPD events will be asked to provide documentation from their Human Resources Director that verifies their employees have been screened prior to employment, and accept full liability for the actions of their employees.

How often will they be screened?: Annually

The following documents will be provided to disqualified applicants:

1. Fair Credit Reporting Act - Summary of Rights
2. Letter of disqualification
3. Copy of actual screening report (results)

Criteria For Exclusion

A person will be disqualified and prohibited from serving as a volunteer or contracted staff if the person has been found guilty of the following crimes: {Guilty means that a person was found guilty following a trial, entered a guilty plea, entered a no contest plea accompanied by a court finding of guilty, regardless of whether there was an adjudication of guilt (conviction) or a withholding of guilt.

Sex Offenses

All Sex Offenses – Regardless of the amount of time since offense. Examples include: child molestation, rape, sexual assault, prostitution, solicitation, indecent exposure, etc.

Felonies

All felony violence – Regardless of the amount of time since offense. o Examples include: murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated Burglary, etc.

All felony offenses considered to be a potential danger to children or is directly related to the functions of the volunteer/independent contractor. Examples include: theft, embezzlement, fraud, child endangerment, etc.

Misdemeanors

All misdemeanor violence offenses regardless of the amount of time since offense. Examples include: simple assault, battery, domestic violence, hit & run, etc.

Any other misdemeanor regardless of the amount of time since offense that would be considered a potential danger to children or is directly related to the functions of that volunteer. Examples include: contributing to the delinquency of a minor, providing alcohol to a minor, theft

The above is intended to be illustrative and may not be inclusive of all convictions that could be included in the criteria for exclusion. When a finding adversely impacts volunteer eligibility, the candidate and volunteer supervisor will be notified. Adverse disclosures and/or findings will not automatically disqualify an individual from eligibility to volunteer for CRPD. CRPD may allow reconsideration of an adverse finding on the Background Check using any of the following criteria: the nature and gravity of the offense(s); time since conviction; completion of sentence or any other remediation; relevance to the position for which the volunteer is being considered.

Pending Cases

Anyone who has been charged for any of the disqualifying offenses or for cases pending in court will not be permitted to volunteer until the official adjudication of the case. The Background Screening Process is an ongoing process and is subject to review and changes at any time. These guidelines are based upon industry practices in private, public and non-profit areas.

Specifications Of The Background Check:

CRPD background checks for Volunteers and Contracted staff who work with the public or who handle money will include the following:

Social Security Verification –The name of every volunteer will be verified against the Social Security Number provided. This helps to eliminate the possibility of false names or information.

Address Trace – The current address and identify any previous address of every volunteer will be verified. This information is utilized to determine the jurisdiction in which the background screening is conducted.

State or County Criminal Record Check – A Statewide or Countywide (depending on the jurisdiction) criminal record check will be performed to capture all misdemeanor and felony convictions in that jurisdiction. The search should be conducted in the jurisdiction with the longest and most current residency.

National Criminal History Data Base search – There is no one national record check whether through the government or private sector that identifies every crime ever committed. However, there are now criminal history databases available that contain millions of criminal records and cover much of the United States. These databases can be accessed and used to supplement the local criminal history search. This is beneficial in expanding the search across the country but should not be used as a stand-alone source for your background screening.

Sex Offender Registry - Search of the appropriate state sex offender registries based on the address history.

Clarification of Recommended Guidelines

About Social Security Verification Social Security verifications are a critical first step in the process as it helps to ensure that the name and other personal data given by the applicant is accurate. The verification will generally reveal the state and year the SSN was issued, names, addresses and sometimes the date of birth that is associated with this Social Security number. Although it is possible to run background checks without the SSN, this will reduce the effectiveness and limit the number of personal identifiers that can be found in public records. To report someone's criminal history the reporting agency must have at least 2 matching identifiers.

Non US Citizens – In handling background checks on individuals without Social Security numbers, it is suggested that in place of the SSN the volunteer applicant state "No SSN". Each local organization should take appropriate measures to ensure that the name, date of birth and addresses are all valid for individuals without Social Security numbers.

EMERGENCY PROCEDURES

Winter Weather Policy

If Franklin County is placed under a Snow Emergency, the following action will be taken:

Level 1 Snow Emergency

All facilities will remain open. No refunds or credits will be issued if a rental group decides not to use their permit.

Level 2 & 3 Snow Emergency

All facilities will close immediately. Groups that are in progress at the time a Level 2 Emergency is declared will be asked to vacate the courts in order to facilitate the closing of the building. The permit holder will be offered a credit to be used at a later date. Credits can be redeemed by calling the Sports Office at 614-645-3366. No refunds will be issued. Please contact our office if you have any further questions.

Lightning Safety

We will play during rain unless it will cause extreme damage to the field. When lightning is seen or thunder is heard, outdoor fields must be cleared for 30 minutes after the last instance.

SAFETY

Lindsay's Law

Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.

Important Links

- Lindsay's Law Information
- Lindsay's Law Video
- Linday's Law Signature Form

Concussions

A concussion is an injury to the brain that may be caused by a blow, bump or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Important Links

- Ohio Department of Health Concussion Information
- Return to Play Medical Clearance Form

SAFETY

Concussions

All coaches, volunteers, officials, and staff will need to be trained on the CDC Heads Up Training before participating in a youth league. This is an online training that involves 30-35 minutes including pre-test, engagement activities and a post-test. This course allows for each person to understand the signs and symptoms of a concussion. More information can be found about the course below.

Youth Sports HEADS UP Training Information:

This course was not designed for mobile devices. If you are having issues while on a mobile device, please try a laptop or desktop.

By taking this free course, and using what you learn, you will be well-positioned to improve the culture of sports safety and prevent concussion. Your actions can help create a safe environment for young athletes so they can stay healthy, active, and thrive—both on and off the playing field.

Once you complete the training and post-test, you can print out a certificate and show your league or school you are ready for the season.

Learning Objectives:

By the end of the training, you will be prepared to:

- Explain what a concussion is and the potential consequences of this injury,
- Identify at least three concussion signs and symptoms,
- Describe the steps for returning to activity (play and school) after a concussion, and
- Create a plan for how to help keep athletes safe from concussion.

Accessing the Training:

1. Please use the link below to start your training. Please click the green “Pre–Assessment” button and the training will begin with this.
    a. Home - CDC TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation
2. The course should begin once you have completed the “Pre-Assessment”.
3. Once completed, please save a copy of your certificate.

Upon Completion of the Training:

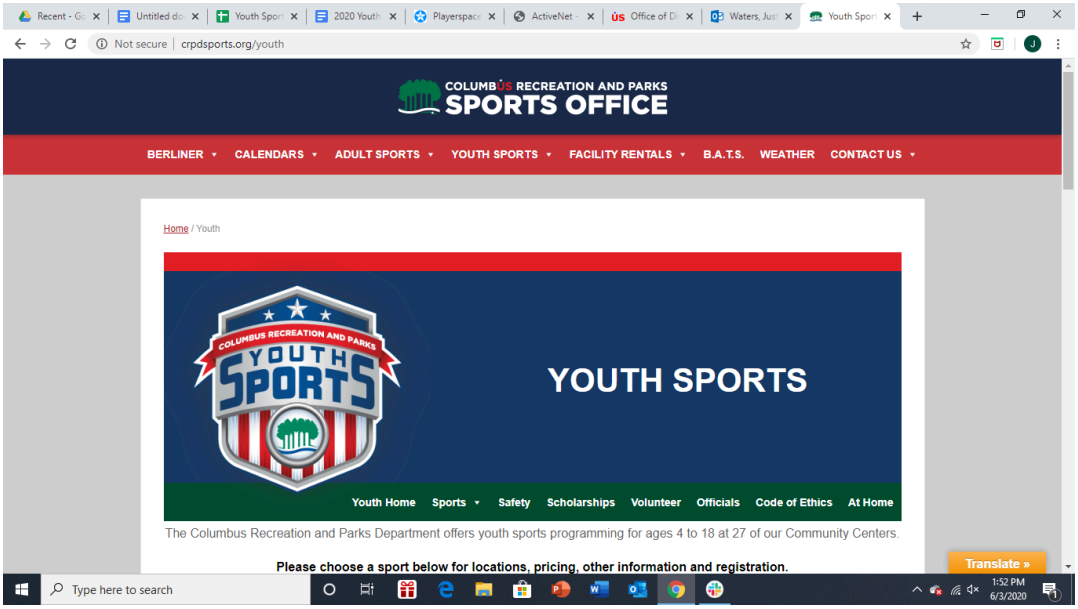
- All coaches, volunteers, officials and staff will need to send a copy of their certificate to the Youth Sports Team by the start of each season.
- Certificates can be sent to the Center Manager and youthsports@columbus.gov and will be kept on file.

This document will expire after one year. Renewal of this document will need to be completed on a yearly basis. If you are coaching for multiple sports, this will only need to be completed once.

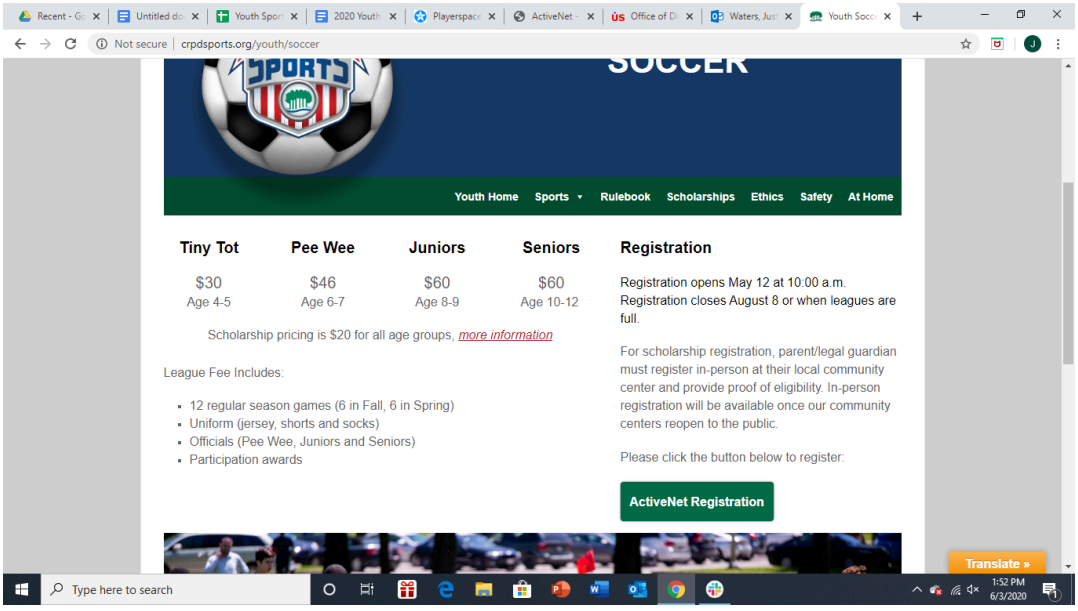
REGISTRATION PROCESS

Customer/In-Home Online Registration

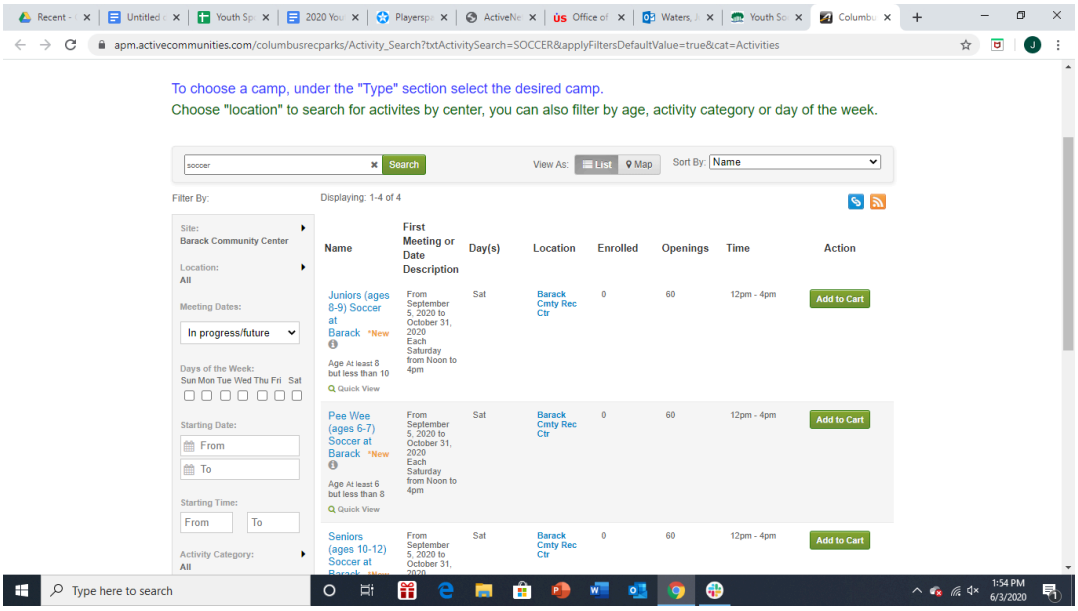
1. Go to https://columbusrecparks.com/wellness/athletics/youth/ and choose the sport.



2. Click on *ActiveNet Registration* button:



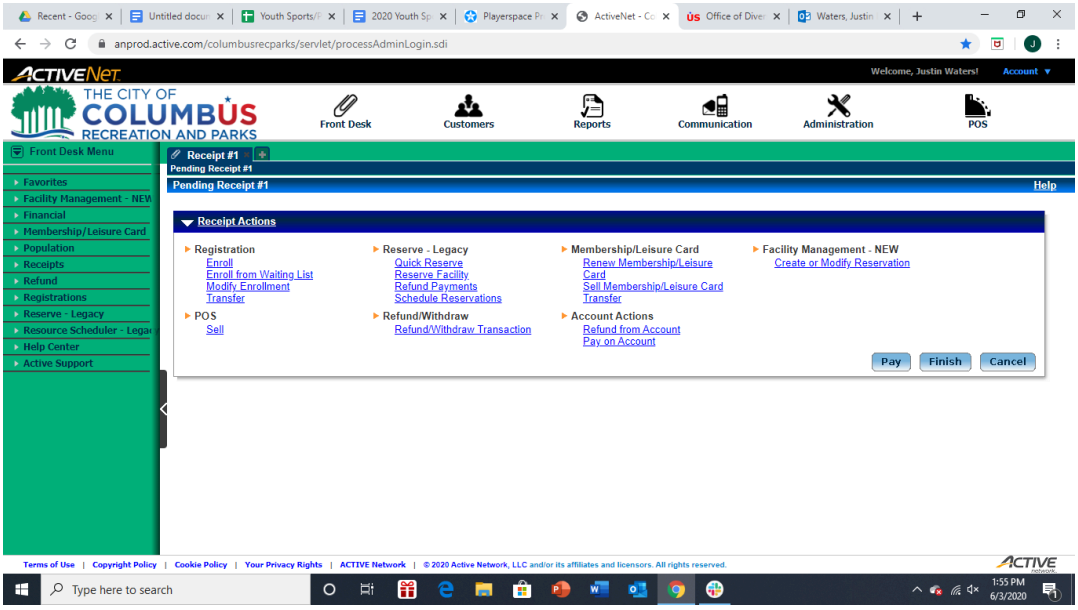
3. Filter by Rec Center:



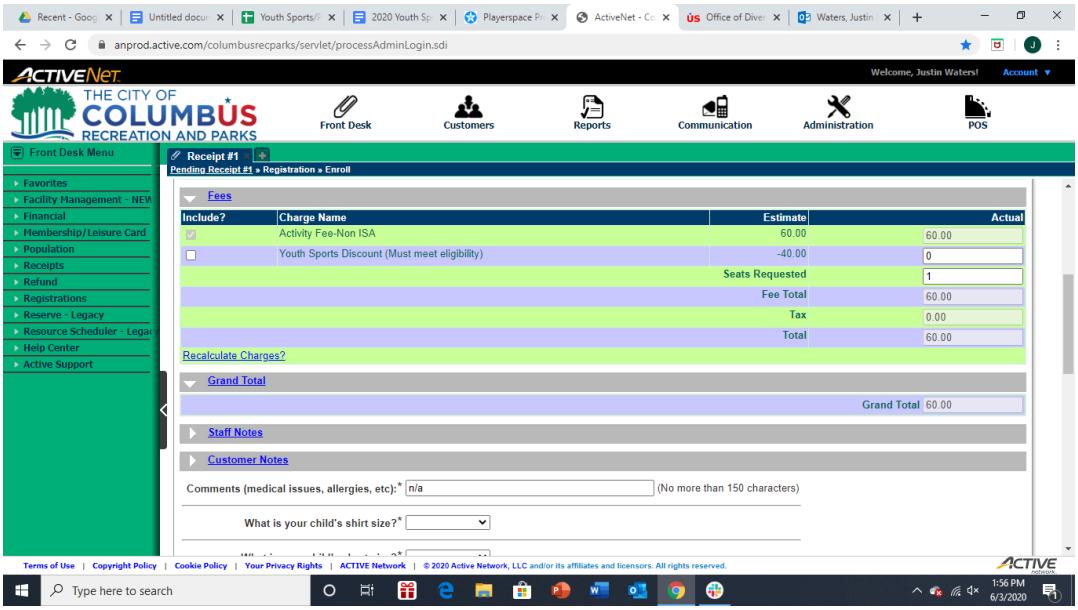
4. Direct customer to complete registration.

In-Person Registration Online

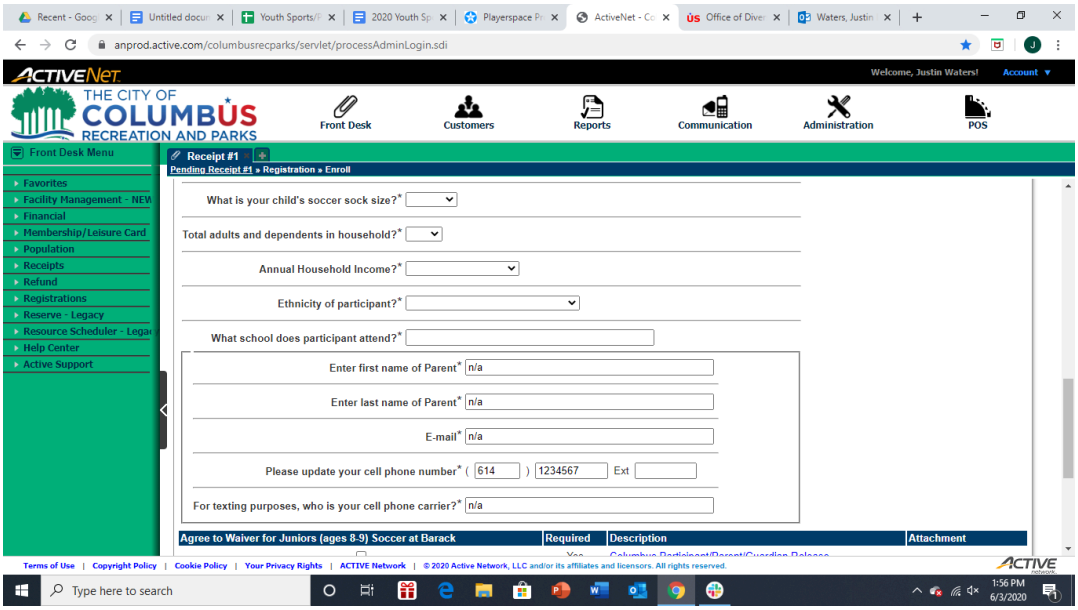
1. Visit https://anprod.active.com/columbusrecparks/servlet/processAdminLogin.sdi



2. Select *Enroll*:



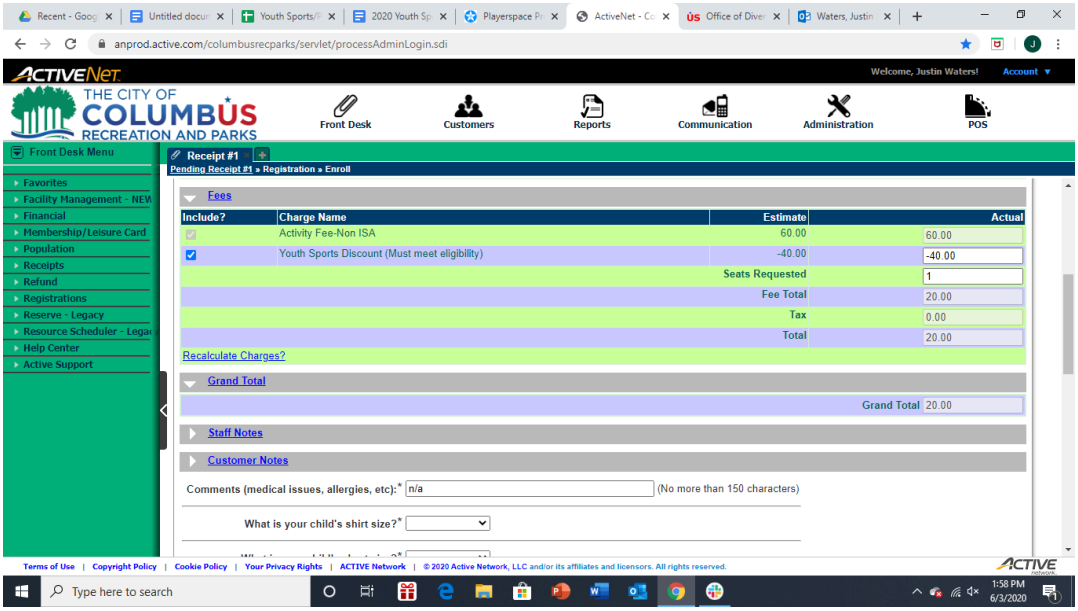
3. Answer all registration information. This includes updated parent contact information, which will be used to pull registration into PlayerSpace and demographic questions **(answers for all questions are mandatory if requesting scholarship)**:



Registration with Scholarship Discount

1. If requesting a scholarship, first verify that they are eligible.
    a. Review Scholarship Information on Page 4.

2. If qualified, check the *Youth Sports Discount* checkbox and it will automatically discount to the scholarship price due: **The scholarship price is designed to cover the uniform cost for players.**

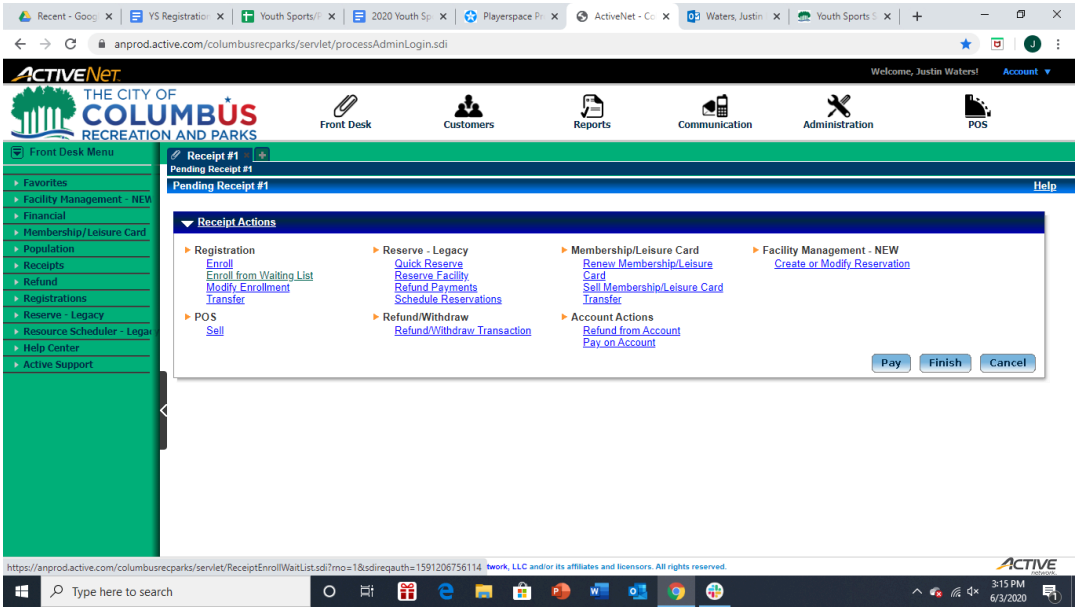


Registration with Full Scholarship:

This can be done if a prospective participant is unable to pay the reduced scholarship price due to lack of funds or no parent involvement. We want to ensure that our programs are available to everyone.

Please take the following steps and the Youth Sports Team can approve them:

1. Check income eligibility requirements (based on the scholarship chart above).
2. Enroll the participant directly to your program's waitlist. This will allow you to register the person without payment. **DO NOT ENROLL THEM OR START A 'PAYMENT PLAN'.**



3. Answer all of the enrollment questions as normal (demographics questions are required to get partial/full assistance). **EVERY QUESTION MUST BE ANSWERED.**
4. After the participant is added to the waitlist, email the player's first and last name and what program they are registering for to the Youth Sports Team. Once approved, the Youth Sports Team will review the enrollment and transfer them into the program without payment.

Paper Registration Forms

The Youth Sports Team has created paper registration forms for you to send home to your community. There is a different paper registration form for each sport. Please make sure to use the correct registration form or the uniform sizes and age groups will be incorrect.

Once the customer fills out the registration page, CRPD staff should enter the information into ActiveNet.

Columbus Recreation and Parks Department Information and Waiver Form - Soccer

I. PARTICIPANT INFORMATION

First Name: _____ Last Name:_____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Gender: _____ Age: _____ Date of Birth: _____ School: _____

Mother/Guardian Name: _____ Phone: _____

Email: _____

Father/Guardian Name: _____ Phone: _____

Email: _____

IV: PARTICIPATION WAIVERS

Transportation: With your consent, children will be driven in a City of Columbus vehicle, to and from each game. The van will leave the center at least 30 minutes prior to each game.
Parent/Guardian Initials: _____

COVID-19 Waiver: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 by attending City of Columbus Recreation and Parks programs, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Columbus employees, agents, representatives, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury to my child(ren) or myself including, but not limited to, personal injury, disability, and/or death, illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at City of Columbus Recreation and Parks programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless City of Columbus employees, agents and representatives, volunteers and program participants and their families of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.
Parent/Guardian Initials: _____

Liability Release: I authorize my child to participate in all activities offered during the program. If attempts to contact me at the above listed phone numbers are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical doctor or dentist, and the transportation of my child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I hereby give permission to the City/CRPD to provide routine first aid care, administer prescribed medications in a life or death situation, and seek emergency medical treatment for my child when deemed necessary. In case of accident or injury I will not hold the City of Columbus or its employees, agents and representatives, volunteers, program participants or their families responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at this camp, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.
Parent/Guardian Initials: _____

OVER→→

Concussions: A concussion is an injury to the brain that may be caused by a blow, bump or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet. For more information please visit https://columbusrecparks.com/wellness/athletics/youth/safety/
Parent/Guardian Initials: _____

Lindsay Law: Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately. For more information please visit https://columbusrecparks.com/wellness/athletics/youth/safety/
Parent/Guardian Initials: _____

Parent Code of Ethics: The Columbus Recreation and Parks Department believes that all youth athletes should have a positive introduction and experience in sports. Our programs emphasize fun, sportsmanship, a healthy approach to competition and discourages the "win at all costs" attitude while striving for excellence in all areas. Participants, coaches, parents, volunteers and employees are expected to support this philosophy. I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following the NAYS Parent Orientation & Membership Program - Parents' Code of Ethics. For more information please visit https://columbusrecparks.com/wellness/athletics/youth/ethics/http://crpdsports.org/youth/ethics.
Parent/Guardian Initials: _____

III. DEMOGRAPHIC INFORMATION (Must be completed to receive PLAY Scholarship for Youth Sports)
Number of adults in household: _____ Number of youth in household: _____
Annual household income: _____ Ethnicity: _____
Cell Phone Carrier: _____ Scholarship needed: Yes ☐ No ☐ *Scholarship price $25

IV. REGISTRATION INFORMATION
Recreation Center: _____
Division: [Tiny Tot Ages 4-5] [Pee Wee Ages 6-7] [Junior Ages 8-9] [Senior Ages 10-12]
Fee: $35 $46 $60 $60
Jersey Size: [Youth XSmall] [Youth Small] [Youth Med] [Youth Large]
[Adult Small] [Adult Med] [Adult Large] [Adult XL]

Shorts Size: [Youth XSmall] [Youth Small] [Youth Med] [Youth Large]
[Adult Small] [Adult Med] [Adult Large] [Adult XL]

Socks Size: [Youth] [Junior] [King]

Comments (Med info, allergies, etc): _____
Special Requests: _____

By signing below, I hereby acknowledge and agree to the policies and procedures set forth above.

Parent/Guardian Print Name: _____
Parent/Guardian Signature: _____ **Date**: _____

Columbus Recreation and Parks Department Information and Waiver Form - Basketball

I. PARTICIPANT INFORMATION

First Name: _____ Last Name:_____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Gender: _____ Age: _____ Date of Birth: _____ School: _____

Mother/Guardian Name: _____ Phone: _____

Email: _____

Father/Guardian Name: _____ Phone: _____

Email: _____

IV: PARTICIPATION WAIVERS

Transportation: With your consent, children will be driven in a City of Columbus vehicle, to and from each game. The van will leave the center at least 30 minutes prior to each game.
Parent/Guardian Initials: _____

COVID-19 Waiver: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 by attending City of Columbus Recreation and Parks programs, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Columbus employees, agents, representatives, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury to my child(ren) or myself including, but not limited to, personal injury, disability, and/or death, illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at City of Columbus Recreation and Parks programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless City of Columbus employees, agents and representatives, volunteers and program participants and their families of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.
Parent/Guardian Initials: _____

Liability Release: I authorize my child to participate in all activities offered during the program. If attempts to contact me at the above listed phone numbers are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical doctor or dentist, and the transportation of my child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I hereby give permission to the City/CRPD to provide routine first aid care, administer prescribed medications in a life or death situation, and seek emergency medical treatment for my child when deemed necessary. In case of accident or injury I will not hold the City of Columbus or its employees, agents and representatives, volunteers, program participants or their families responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at this camp, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.
Parent/Guardian Initials: _____

OVER→→

Concussions: A concussion is an injury to the brain that may be caused by a blow, bump or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet. For more information please visit https://columbusrecparks.com/wellness/athletics/youth/safety/
Parent/Guardian Initials: _____

Lindsay Law: Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately. For more information please visit https://columbusrecparks.com/wellness/athletics/youth/safety/
Parent/Guardian Initials: _____

Parent Code of Ethics: The Columbus Recreation and Parks Department believes that all youth athletes should have a positive introduction and experience in sports. Our programs emphasize fun, sportsmanship, a healthy approach to competition and discourages the "win at all costs" attitude while striving for excellence in all areas. Participants, coaches, parents, volunteers and employees are expected to support this philosophy. I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following the NAYS Parent Orientation & Membership Program - Parents' Code of Ethics.
For more information please visit https://columbusrecparks.com/wellness/athletics/youth/ethics/
Parent/Guardian Initials: _____

III. DEMOGRAPHIC INFORMATION (Must be completed to receive PLAY Scholarship for Youth Sports)
Number of adults in household: _____ Number of youth in household: _____

Annual household income: _____ Ethnicity: _____

Cell Phone Carrier: _____ Scholarship needed: Yes ☐ No ☐ *Scholarship price $25

IV. REGISTRATION INFORMATION
Recreation Center: _____

Division: [6u Co-ed][8u Co-ed][10u Girls][10u Boys][12u Girls][12u Boys][14u Girls][14u Boys][18u Girls][18u Boys]

Fee: $35 $35 $60 $60 $60 $60 $60 $60 $60 $60

Jersey Size: [Youth Small] [Youth Med] [Youth Large] [Youth XL]

[Adult Small] [Adult Med] [Adult Large] [Adult XL] [Adults 2XL]

Shorts Size: [Youth Small] [Youth Med] [Youth Large] [Youth XL]

[Adult Small] [Adult Med] [Adult Large] [Adult XL] [Adults 2XL]

Comments (Med info, allergies, etc): _____
Special Requests: _____

By signing below, I hereby acknowledge and agree to the policies and procedures set forth above.

Parent/Guardian Print Name: _____
Parent/Guardian Signature: _____ **Date**: _____

Columbus Recreation and Parks Department Information and Waiver Form - Flag Football

I. PARTICIPANT INFORMATION

First Name: _____ Last Name:_____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Gender: _____ Age: _____ Date of Birth: _____ School: _____

Mother/Guardian Name: _____ Phone: _____

Email: _____

Father/Guardian Name: _____ Phone: _____

Email: _____

II: PARTICIPATION WAIVERS

Transportation: With your consent, children will be driven in a City of Columbus vehicle, to and from each game. The van will leave the center at least 30 minutes prior to each game.

Parent/Guardian Initials: _____

COVID-19 Waiver: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 by attending City of Columbus Recreation and Parks programs, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Columbus employees, agents, representatives, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury to my child(ren) or myself including, but not limited to, personal injury, disability, and/or death, illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at City of Columbus Recreation and Parks programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless City of Columbus employees, agents and representatives, volunteers and program participants and their families of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

Parent/Guardian Initials: _____

Liability Release: I authorize my child to participate in all activities offered during the program. If attempts to contact me at the above listed phone numbers are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical doctor or dentist, and the transportation of my child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I hereby give permission to the City/CRPD to provide routine first aid care, administer prescribed medications in a life or death situation, and seek emergency medical treatment for my child when deemed necessary. In case of accident or injury I will not hold the City of Columbus or its employees, agents and representatives, volunteers, program participants or their families responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at this camp, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

Parent/Guardian Initials: _____

OVER→→

Concussions: A concussion is an injury to the brain that may be caused by a blow, bump or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet. For more information please visit https://columbusrecparks.com/wellness/athletics/youth/safety/
Parent/Guardian Initials: _____

Lindsay Law: Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately. For more information please visit https://columbusrecparks.com/wellness/athletics/youth/safety/
Parent/Guardian Initials: _____

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Parent/Guardian Initials: _____

III. DEMOGRAPHIC INFORMATION ** MUST BE COMPLETED TO RECEIVE SCHOLARSHIP PRICE**
Number of adults in household: _____ Number of youth in household: _____
Annual household income: _____ Ethnicity: _____
Cell Phone Carrier: _____ Scholarship needed: Yes ☐ No ☐ *Scholarship price $25

IV. REGISTRATION INFORMATION
Recreation Center: _____
Division: [Age 6-8] [Age 9-11] [Age 12-14]
Fee: $45 $45 $45
Jersey Size: [Youth Small] [Youth Medium] [Youth Large] [Youth XL]
[Adult Small] [Adult Medium] [Adult Large] [Adult XL]

Comments (Med info, allergies, etc): _____
Special Requests: _____

By signing below, I hereby acknowledge and agree to the policies and procedures set forth above.

Parent/Guardian Print Name: _____
Parent/Guardian Signature: _____ **Date**: _____

Columbus Recreation and Parks Department Information and Waiver Form - Spring Baseball/Softball/Tee Ball

I. PARTICIPANT INFORMATION

First Name: _____ Last Name:_____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Gender: _____ Age: _____ Date of Birth: _____ School: _____

Mother/Guardian Name: _____ Phone: _____

Email: _____

Father/Guardian Name: _____ Phone: _____

Email: _____

II: PARTICIPATION WAIVERS

Transportation: With your consent, children will be driven in a City of Columbus vehicle, to and from each game. The van will leave the center at least 30 minutes prior to each game.
Parent/Guardian Initials: _____

COVID-19 Waiver: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 by attending City of Columbus Recreation and Parks programs, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Columbus employees, agents, representatives, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury to my child(ren) or myself including, but not limited to, personal injury, disability, and/or death, illness, damage, loss, claim, liability, or expense of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at City of Columbus Recreation and Parks programs. On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge and hold harmless City of Columbus employees, agents and representatives, volunteers and program participants and their families of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.
Parent/Guardian Initials: _____

Liability Release: I authorize my child to participate in all activities offered during the program. If attempts to contact me at the above listed phone numbers are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical doctor or dentist, and the transportation of my child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I hereby give permission to the City/CRPD to provide routine first aid care, administer prescribed medications in a life or death situation, and seek emergency medical treatment for my child when deemed necessary. In case of accident or injury I will not hold the City of Columbus or its employees, agents and representatives, volunteers, program participants or their families responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at this camp, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.
Parent/Guardian Initials: _____ **OVER→→**

Concussions: A concussion is an injury to the brain that may be caused by a blow, bump or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet. For more information please visit https://columbusrecparks.com/wellness/athletics/youth/safety/
Parent/Guardian Initials: _____

Lindsay Law: Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately. For more information please visit https://columbusrecparks.com/wellness/athletics/youth/safety/
Parent/Guardian Initials: _____

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Parent/Guardian Initials: _____

III. DEMOGRAPHIC INFORMATION (Must be completed to receive PLAY Scholarship for Youth Sports)
Number of adults in household: _____ Number of youth in household: _____
Annual household income: _____ Ethnicity: _____
Cell Phone Carrier: _____ Scholarship needed: Yes ☐ No ☐ *Scholarship price $25

IV. REGISTRATION INFORMATION
Recreation Center: _____
Division: [Tee Ball age 4-6] [Coach Pitch age 7-8] [Majors age 11-13] [Softball Girls age 11-13] [Pony BB/SB age 14-17]

Fee: $35 $45 $55 $55 $60

Jersey Size: [Youth XSmall] [Youth Small] [Youth Medium] [Youth Large]
[Adult Small] [Adult Med] [Adult Large] [Adult XL] [Adults 2XL]

Pants Size: [Youth XSmall] [Youth Small] [Youth Med] [Youth Large] [Youth XL]
[Adult Small] [Adult Med] [Adult Large] [Adult XL] [Adults 2XL]

Comments (Med info, allergies, etc): _____
Special Requests: _____

By signing below, I hereby acknowledge and agree to the policies and procedures set forth above.

Parent/Guardian Print Name: _____
Parent/Guardian Signature: _____ **Date**: _____

Columbus Recreation and Parks Department Information and Waiver Form - Fall Baseball/Softball/Tee Ball

I. PARTICIPANT INFORMATION

First Name: _____ Last Name:_____ Home Phone: _____

Address: _____ City: _____ Zip Code: _____

Gender: _____ Age: _____ Date of Birth: _____ School: _____

Mother/Guardian Name: _____ Phone: _____

Email: _____

Father/Guardian Name: _____ Phone: _____

Email: _____

II: PARTICIPATION WAIVERS

Transportation: With your consent, children will be driven in a City of Columbus vehicle, to and from each game. The van will leave the center at least 30 minutes prior to each game.
Parent/Guardian Initials: _____

COVID-19 Waiver: By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to, or infected by, COVID-19 by attending City of Columbus Recreation and Parks programs, and that such exposure or infection may result in personal injury, illness, permanent disability and/or death. I understand that the risk of becoming exposed to, or infected by, COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, City of Columbus employees, agents, representatives, volunteers and program participants and their families.

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Parent/Guardian Initials: _____

Liability Release: I authorize my child to participate in all activities offered during the program. If attempts to contact me at the above listed phone numbers are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical doctor or dentist, and the transportation of my child to the nearest hospital reasonably accessible. I understand this is to avoid undue delay and to assure prompt attention/treatment in an emergency. I hereby give permission to the City/CRPD to provide routine first aid care, administer prescribed medications in a life or death situation, and seek emergency medical treatment for my child when deemed necessary. In case of accident or injury I will not hold the City of Columbus or its employees, agents and representatives, volunteers, program participants or their families responsible. I understand and assume all risks that may occur during my child's participation in these programs. I understand that should any injury occur to my child at this camp, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.
Parent/Guardian Initials: _____ **OVER→→**

Concussions: A concussion is an injury to the brain that may be caused by a blow, bump or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet. For more information please visit https://columbusrecparks.com/wellness/athletics/youth/safety/
Parent/Guardian Initials: _____

Lindsay Law: Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately. For more information please visit https://columbusrecparks.com/wellness/athletics/youth/safety/
Parent/Guardian Initials: _____

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Parent/Guardian Initials: _____

III. DEMOGRAPHIC INFORMATION (Must be completed to receive PLAY Scholarship for Youth Sports)
Number of adults in household: _____ Number of youth in household: _____
Annual household income: _____ Ethnicity: _____
Cell Phone Carrier: _____ Scholarship needed: Yes ☐ No ☐ *Scholarship price $25

IV. REGISTRATION INFORMATION
Recreation Center: _____
Division: [Tee Ball age 4-6] [Coach Pitch age 7-8] [Majors age 11-13] [Softball Girls age 11-13] [Pony BB/SB age 14-17]

Fee:	$30	$40	$50	$50	$55

Jersey Size: [Youth XSmall] [Youth Small] [Youth Medium] [Youth Large]
[Adult Small] [Adult Med] [Adult Large] [Adult XL] [Adults 2XL]

Pants Size: [Youth XSmall] [Youth Small] [Youth Med] [Youth Large] [Youth XL]
[Adult Small] [Adult Med] [Adult Large] [Adult XL] [Adults 2XL]

Comments (Med info, allergies, etc): _____
Special Requests: _____

By signing below, I hereby acknowledge and agree to the policies and procedures set forth above.

Parent/Guardian Print Name: _____
Parent/Guardian Signature: _____ **Date**: _____

FACILITY RENTAL INFORMATION

More information is available here: https://columbusrecparks.com/facilities/rentals/sports/

Indoor Facility Rentals

Columbus Recreation and Parks operates 5 athletic complexes with 4 basketball/volleyball courts in each. Regular Rentals can be made online, in-person or over the phone within 14 days; rentals made less than 24 hours must be made over the phone or in-person at our office.

Close Out Rate	Base Rate	Event
$75 per court*	$100 per court*	$
2-hour timeblock		
Basketball & Volleyball Only	School Groups or Recurring Rental	All Other Sports
Limit of 2 timeblocks or 2 courts	Speciality Hours	Camp, Tournament, Etc.
Must be made within 7 days or less	Can be made more than 8 days out	Extra amenities can be included

Half and full day rentals for events are available and may be required depending on event type. A Facility Request must be submitted for a permit to be considered, are not guaranteed and are based on availability.

Outdoor Facility Rentals

Columbus Recreation and Parks offers field space rentals at over 65 parks throughout Columbus. The athletic facilities within our parks require specialized maintenance and if overused, they can become damaged. We require permits to track usage and ensure we provide the best facilities. A Sports Permit Request must be submitted for a permit to be considered, are not guaranteed and are based on availability.

Youth League - Games and Practices		
For Profit	Non-Profit	Community Partner**
$20*	$10*	$2*
Per hour/field		

* - Price reflects 2022 facility/permit pricing, please check our website for up-to-date information.
** - CRPD Community Sports Partner: please contact our office for more information.