

# Community Outdoor Rink Application 2024

Name of Rink Group:		
Is your group a registered non-profit organization?		
Contact Name:	Email:	
Number of Volunteers:	Mailing Address:	
Location of Proposed Rink (Civic Address)		
INFORMING THE NEIGHBORS  Please Describe the plan your Rink Group has in place to inform the surrounding neighbors of the project (Example: flyers, word of mouth, ad in local newspaper)		



# **SAFETY**

Please describe how your Rink Group plans to promote safety and minimize risk to both volunteers and participants. (Example: No use of hockey sticks while general skating is happening) *Please include proposed signage, emergency phone availability, and accessibility plan.				
<u>WATER SOURCE</u>				
WATER SOURCE  The Municipality does not provide water for community rinks. Please describe where you plan to source water for the rink?				
The Municipality does not provide water for community rinks. Please describe where you plan				
The Municipality does not provide water for community rinks. Please describe where you plan				
The Municipality does not provide water for community rinks. Please describe where you plan				
The Municipality does not provide water for community rinks. Please describe where you plan				



SITE MAINTENANCE  How will your group maintain the rink? Do any volunteers have ice making experience? What equipment is needed? What are the hours of operation? What are the hours for maintenance?				
COMMUN	<u>NICATION</u>			
How do you plan to inform the public of ice cond What is your advertising and promotional plan?	ditions, closures and if the ice is safe or not?			



# **GENERAL LIABILITY INSURANCE**

Any community outdoor rink is required to have a \$2,000,000 General Liability Insurance Policy to operate with coverage extended to all participants. If your group does not have insurance coverage, all community rink volunteers will be required to sign a Volunteer Registration and Agreement form to be covered under the Town of Three Rivers insurance. Does your group have insurance, or will you be using the Town's?
BUDGET
What are your costs? How will you fund this project? Does your organization have a bank account?



SITE PLAN		
Please include a basic site plan with this application. Show the rink in relation to major features of the property including size, lighting, parking, accessible parking, civic address, and is this a municipal or private location.  *Community Outdoor Rinks will preferably be located on municipal land, but other locations may be considered. Please note planning may require additional permits.		



### **VOLUNTEERS**

Please provide a full list (Name, Email, Phone Number) of the volunteers/individuals associated with your Community Rink Group. \*Please note vulnerable sector checks will be required by all individuals involved in the maintenance and operation of the Community Outdoor Rink

<u>NAME</u>	<u>EMAIL</u>	Phone #	Ice making Experience (Y or N)



#### **CONDITIONS OF APPROVAL**

If a Community Outdoor Rink is approved by the Municipality, the Community Rink Group will be required to enter into a Community Outdoor Rink Agreement with the Municipality setting out terms under which the Community Outdoor Rink may operate and the responsibilities of the Rink Group with respect to the community outdoor rink.

Community Outdoor Rink Group volunteers will be required to complete a volunteer registration and agreement form. By signing this form, all volunteers will be covered under the Town of Three Rivers insurance.

I submit this application for approval of a community outdoor rink with the full knowledge and authorization of the applicant organization as identified on this form and have read and understood this form and agree to the conditions of approval.

Signature:	Date:
9	

Protection of Privacy - The personal information requested on this form is collected under the authority of Section 11(1)(b) of the Bylaw to Regulate Access to Information and Protection of Personal Information, Three Rivers Bylaw 2023-04, and will be protected under Section 16 of that Bylaw. It will be used for the purpose of managing volunteer activities.

Direct any questions about this collection to Access to Information and Protection of Privacy Coordinator, 172 Fraser Street, PO Box 546, Montague, PE COA 1RO Phone: (902) 838-2528.

