

**LAFAYETTE RECREATION AND PARKS DEPARTMENT
USE OF PRIVATE LAND
FOR PRACTICE FORM**

Association _____ Sport _____

Team Name _____ Age Group _____

Coach's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Physical Address for Practice Site _____

City _____ State _____ Zip _____

Landowner's Name _____

Home Phone _____ Work Phone _____

Coach's Signature _____ Date _____

Association Coordinator's Signature _____ Date _____

LRPD Approval _____ Date _____

This form must be filled out completely and must have all required signatures and must be approved before the team may practice at the site. Failure to meet all of the proceeding requirements will void any coverage by the LRPD policies and will subject the coach and/or the youth association to be responsible for all liabilities occurring.