



FITNESS INSTRUCTION APPLICATION

Name of Organization: _____ Activity: _____

Contact Person: _____ Phone: _____

Email: _____

Business Address: _____ City: _____ Zip Code: _____

Age of Participants: _____ Approximate Group Size: _____

Please check those that apply to you:

Youth Sport Leagues _____ Fitness Instruction: _____ Group Training: _____ School Group: _____ Non-Profit: _____

Dates Requested: Oct. – Dec. Jan. – March April – June July – Sept.

Days/times requested: (include set-up/take down time)

Mon. _____ Tues. _____ Wed. _____ Thu. _____ Fri. _____

Sat. _____ Sun. _____

Please circle requested park space:

Park	Permitted spaces	Hours available for instruction	Maximum class size
Signal Hill Park			
	Open Grass Area	8:00 a.m. - 8:00 p.m.	2 groups of 10 participants
	Amphitheatre	8:00 a.m. - 8:00 p.m.	10 participants
	Basketball Court	8:00 a.m. - 8:00 p.m.	2 groups of 10 participants
	Spud Field (right & left field)	8:00 a.m. - 4:00 pm	2 groups of 25 participants
Reservoir Park			
	Open Grass Area	8:00 a.m. - 8:00 p.m.	10 participants

Will you be charging any fees to your participants? (Please describe)

Please list any equipment you will be bringing into the park (i.e. weights, jump ropes, kettle bells, etc.)

*Exercise equipment weighing over 20 pounds is prohibited in all parks. Weights or other equipment (less than 20 pounds) may only be used on hard surfaces (basketball court, amphitheater)

Please provide the following:

- Annual registration fee of \$20
- Quarterly fees paid in full with cash, check, or money order (paid to the City of Signal Hill) - \$20 hourly rate
- Refundable cleaning/damage deposit in the amount of \$100
- Commercial general liability insurance in an amount not less than \$1 million per occurrence and \$2 million general aggregate. An additional insured endorsement must be provided on a separate form covering the City of Signal Hill, its officials, employees and agents as additional insured parties on the policy
- Copy of current City of Signal Hill business license. For information on obtaining this, please call (562) 989-7316.

I declare that the foregoing is true and correct. I understand that any false statement on this application or incomplete information will be sufficient grounds for denying me a permit. I have received, read, understand, and agree to abide by the policies in the City of Signal Hill Fitness Instruction Policy.

SIGNATURE

DATE

OFFICE USE ONLY

FEES PAID: _____ **BUSINESS LICENSE:** _____ **INSURANCE:** _____ **STAFF INITIALS:** _____ **DATE:** _____