



Community Access Application Form- Fall/Winter 2023

(One application form must be submitted per space request)

Submit via email to Ethan Diakow at sport@spenceneighbourhood.org and
Jessica Smilar at j.smilar@uwinnipeg.ca

Organization name: _____

Please include your organizational mission statement and/or vision if applicable

Can you provide a copy of your insurance certificate that includes the following:

A minimum of \$2,000,000.00 CGL, inclusive of:

Bodily Injury; Property Damage; Cross-liability; Contractual liability; Unlicensed Equipment liability;

And to be added as an Additional Insured on the requested certificate.

Yes: _____ No: _____

Main contact individual: _____ **Phone Number:** _____

Email: _____

Address (organization or contact): _____

Supervisor/Alternative : _____

Phone Number: _____ **Email:** _____

Training/Certification: _____

This could be the point person facilitating program at the Axworthy Health and RecPlex

Note: Main contact or supervisor/alternate must be in attendance at all times.

Program Name: _____

Detailed description of program/event:



Space requested:

Field A ☐ Field B ☐ Field C ☐ Community Gym ☐ Multi-Purpose Room ☐

Space set-up:

***Please specify how you would like the space set up (i.e. 3 tables & 10 chairs) ***

Start date: _____ End date: _____

Start time: _____ End time: _____

Day(s) requested: _____

Alternative day(s): _____

Number of participants: _____ Age range of participants: _____

Number of participants under 18: _____ Number of participants over 18: _____

Supervisory Ratio: _____

Does your organization/program require any fees or charges to participants? Yes / No

If yes, please state the purpose of the fee and how much?

Will your program be open to the community/community organizations? Yes / No

If yes, how will you involve others? If no, please explain:



At the University of Winnipeg Axworthy Health and RecPlex we desire safe sport and responsible coaching. To encourage safe sport and responsible coaching we advise all organizations/programs to take part in the responsible coaching movement. Please visit <https://coach.ca/responsible-coaching-movement> for more information.

This is to certify that (I and my organization), while occupying the University of Winnipeg facilities, will provide and be responsible for adequate adult supervision and the security of university property as well as, will abide by all rules and regulations as established by the University of Winnipeg and Recreation Services.

Signature: _____ Date: _____