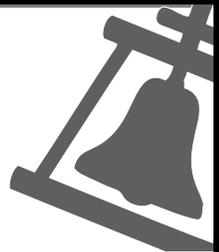




KAISER PERMANENTE Operation SPLASH

**APPLY
TODAY!**

S U M M E R 2 0 1 0



WHAT IS OPERATION SPLASH?

The Parks, Recreation and Community Services Department (PRCSD) is teaming up with Kaiser Permanente to help deserving residents stay cool and fit during the hot summer. Scholarships are available for many of the aquatics programs thanks to a generous grant from the Kaiser Foundation. PRCSD and Kaiser Permanente will sponsor qualifying low-income individuals in Riverside communities. Riverside residents interested in applying for the Operation Splash Program must complete and submit the application on the reverse side 20 days prior to the start date of activities to 3936 Chestnut St., Riverside, CA 92501, community centers/pool sites. Applicants who qualify will be notified via mail or email.

How to Qualify

1. You must be a resident of Riverside with valid ID.
 2. You must submit the Operation Splash application 20 days prior to the start date of activities.
 3. You must show proof of residency and documentation/verification of income.
- Free or subsidized programs are granted on a first-come, first-served basis. Participants can only qualify for one swim lesson session.

OPERATION SPLASH KICK-OFF
 Monday, June 14
 12:30 pm
 FREE SWIM
 Bobby Bonds Park (Sippy Woodhead Pool)

PROGRAMS AVAILABLE FOR SCHOLARSHIP

Swim Lessons

Lessons are offered Monday - Thursday. Each swim lesson is 30 minutes in length. Students are tested on the first day of class. If the class is above their current skill level, they will be transferred to another class, provided an opening is available. Operation Splash applications must be submitted **20 days** prior to session starting date to allow for processing. No refunds, credit or transfers on swim lessons. Transfers only approved if child is moving up or down levels at pool, provided an opening is available. Each swim lesson session is **\$45/session**.

Big Fish, Little Fish (Parent & Me) Age: 6 months-5 years
Tadpoles (Level 1) Water Exploration Age: 3+
Guppies (Level 2) Primary Skills Age: 3+

Otters (Level 3) Stroke Readiness Age: 3+
Dolphins (Level 4) Stroke Development Age: 5+
Sharks (Level 5) Stroke Refinement Age: 8+

Arlington, Islander, Shamel and Sippy Woodhead Pool schedule

Session 1: June 14-24 **Session 2: June 28-July 8***
Session 3: July 12-22 **Session 4: July 26-August 5**

*No class July 5th due to Independence Day.

Recreation, Lap & Night Swimming Schedule

American Red Cross certified lifeguards on duty. Only US Coast Guard approved flotation devices are permitted. All pools are handicap accessible.

Classes held daily M - TH	Parent & Me	Level 1	Level 2	Level 3	Level 4	Level 5+
10:20 - 10:50 AM		—	—		—	—
10:55 - 11:25 AM		—	—	—	—	
4:45 - 5:15 PM	—	—	—	—	—	
5:20 - 5:50 PM	—	—	—			—

Recreation Swim Schedule			
June 12 - August 7			
	M-TH	TTH	SA
	Aug. 9 - 19		
	MW		
Arlington Park	1-4 PM	6:30-8:30 PM	1-4 PM
Islander Pool (H)	1-4 PM	6:30-8:30 PM	1-4 PM
Reid Park (H)	1-4 PM	NOT OFFERED	1-4 PM
Shamel Park Pool* (H)	1-4 PM	6:30-8:30 PM	1-4 PM
Villegas Park (H)	1-4 PM	6:30-8:30 PM	1-4 PM
Woodhead Pool* (H) (Bobby Bonds Park)	1-4 PM	6:30-8:30 PM	1-4 PM

Reid and Villegas Pool schedule

Classes held daily M - TH	Parent & Me	Level 1	Level 2	Level 3	Level 4	Level 5+
12:15 - 12:45 PM	—	—	—	—	—	
4:10 - 4:40 PM	—	—	—			—

* Lap Swim Available (H) Handicap accessible

Save Money with a Recreation Swim Pass!

Season June 12- August 19	Family Passes		Individual Passes		
	4 per pass	Each Additional	17 years & under	18-59 years	60+ years
Full Season (Resident)	\$150	\$10	\$30	\$60	\$42
Full Season (NR)	\$225	\$15	\$45	\$90	\$63

Recreation, Lap & Night Swimming Daily Fees			
Age	0-17	18-59	60+
Resident	\$1.00	\$2.50	\$1.75
Non-Resident	\$1.50	\$3.75	\$2.50

Dates and times are subject to change due to holidays, special events, maintenance or participation level.



Parks,
Recreation and
Community
Services
Department

Operation Splash Application & Registration Form

COPY AS NEEDED • PLEASE PRINT & FILL OUT COMPLETELY



Walk-In Applications

Walk-in applications accepted starting June 12 during business hours at each pool site, **provided scholarship funds are still available. Apply early...space is limited!** Applications must be received 20 days prior to the session starting date.

Mail-In Applications

Mail-in applications are accepted beginning May 10. Mail-in applications must be received 20 days prior to the session starting date. **Apply early... space is limited!**

Mail-in Address: City of Riverside, PRCSD, 3936 Chestnut Street, Riverside CA 92501
Call (951) 826-2000 for assistance locating your nearest pool or community center.

Payee/Adult Information

Adult First Name			Adult Last Name		
Street Address				E-mail	
City		Zip Code		Birth Date (Payee)	/ /
Evening Phone	()	Day Phone	()	E-Mail Address	

Check if you live in the City of Riverside city limits. Please include copies of proof of residency and income.

Emergency Contact/Individuals Authorized to Pick Up Participants

Name		Phone Number	()	Driver's License #	
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Activity and Participant Information

Activity Code	Participant's Name	Gender	Birth Date	Activity Name	Pool Name	Start Date	Time	Fee
1234.101	Max Swimmer (Example)	M	2/1/2999	Level 1	Reid	June 15	9:45	\$45
1		M / F	/ /					
2		M / F	/ /					
3		M / F	/ /					
4		M / F	/ /					

PLEASE READ AND SIGN BELOW

Fee Total:

Please enter the total amount →

Scholarship Total

Household Size / Income / Demographics

# of Youth (0-17 years)=	# of Adults (18-59 years)=	# of Seniors (60+ years)=
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Total Household size (Youth + Adults + Seniors)=

Please circle your total household income

Race (circle all that apply)

Less than \$10,000	\$10,000 to \$14,999	\$15,000 to \$19,999	White or Caucasian	Native American or Alaskan Native
\$20,000 to \$24,999	\$25,000 to \$29,999	\$30,000 to \$34,999	Asian	Hispanic/Latino
\$35,000 to \$39,999	\$40,000 to \$44,999	\$45,000 to \$49,999	Black or African-American	Non-Hispanic/Latino
\$50,000 to \$54,999	\$55,000 to \$59,999	\$60,000 to \$64,999	Other	Native Hawaiian or Pacific Islander

Application Statement / Waiver

City of Riverside Agreement to Release all Liability BY SIGNING THIS DOCUMENT YOU ARE GIVING UP YOUR RIGHT TO SUE

_____ I understand that I am no way required to participate in the above named activity and that my participation is voluntary.
 _____ I understand that I must sign this release of liability if I would like to participate in the above named activity.
 _____ I understand that the City of Riverside is permitted by law to require me to sign this release of liability before permitting me to participate in the above named activity.

I understand that by signing this document I am forever agreeing to indemnify and hold the City of Riverside and its employees, officers, managers, agents and council members harmless from and all liability, loss or damage caused by arising from their negligence, or those of others, including myself.

I understand that I am agreeing to forever release from liability the City of Riverside and its employees, officers, managers, agents and council members and further agree to give up my right to sue them for and all property damage, personal injury or wrongful death resulting from their negligence, my own negligence, or the negligence of others. My signature on this document will also prevent my heirs, assigns, representatives, legal guardians, or any person who may sue on my behalf, from suing as well.

I understand that by participating in this activity, there are risks of physical injury to my person or property, as well as risks due to the negligent conduct of the City and its employees, myself, or others, involved with the above named activity. By voluntarily participating in the above named activity I understand the risks or injury to my person and property and am assuming the risk of such.

Refunds will not be granted. Credits will be issued for the amount of the course if the Parks, Recreation, and Community Services Department is notified before the second class meeting.

Fees, times, and dates of all programs are subject to change. Please be advised that all participants involved in and department programs or special events are subject to being photographed. Such photographs may be used by the City or Riverside without an obligation to provide compensation to those photographed. By signing below, I acknowledge and declare that I understand the legal consequences of this release.

PARTICIPANT'S SIGNATURE _____ DATE _____
(PARENT OR LEGAL GUARDIAN MUST SIGN FOR THOSE UNDER 18 YEARS OF AGE)

American Disability Act. Individuals with disabilities requiring special accommodations should call 951.826.2000.

Staff Use Only

Staff Name:	Site Taken:	Pool Requested:
Date Received:	Program(s) applied for (circle):	Swim Lessons Swim Pass Qty: _____
Scholarship Amount:	Fee Paid:	Approved: Income Verification: Date: