



Aquatics Activities Scholarship Application

Swim Lessons • Jr. Lifeguard • Pool Passes
 COPY AS NEEDED • PLEASE PRINT AND FILL OUT COMPLETELY
 APPLY EARLY, SPACE IS LIMITED!

Applications will be accepted starting May 1 during business hours, provided scholarship funds are still available. Completed applications must be received 14 days prior to the start of class. Applications may be submitted to any local community center or the PRCSD's Main Office (6927 Magnolia Avenue • Riverside, CA 92506).

Payee / Adult Information

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

Which RUSD school does participant(s) attend?

Emergency Contact / Individuals Authorized to Pick Up Participants

Name		Phone Number	()	Relationship	
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Activity and Participant Information

Participant's Name	Gender	Birth Date	Activity Name	Pool Name	Start Date	Time	Fee
Kaylie Swimsalot (Example)	M	6/9/2009	Level 1	Reid	June 18	11:30 am	\$48
	M / F	/ /					
	M / F	/ /					
	M / F	/ /					
	M / F	/ /					

PLEASE READ AND SIGN BELOW

Fee Total

Please enter the total amount

Scholarship Total

House hold Size/Income/Demographics

# of Youth (0-17 years)=				# of Adults (18-54 years)=				# of Seniors (55+ years)=			
Please circle your total household income								Total household size (Youth + Adults + Seniors)=			
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	Race (circle all that apply)		
Extremely Low	\$13,550	\$16,240	\$20,420	\$24,600	\$28,780	\$32,960	\$37,140	\$41,320	White or Caucasian	Native American or Alaskan Native	
Very Low	\$22,600	\$25,800	\$29,050	\$32,250	\$34,850	\$37,450	\$40,000	\$42,600	Black or African American	Native Hawaiian or Pacific Islander	
Low	\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150	Asian	American Indian	
									Other	Hispanic/Latino	

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 in 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 any and all liability, loss or damage caused by or 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 any 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 of injury to my person and property and am assuming the risk of such.

Refunds

Due to high demand and limited spacing no refunds, transfers or credits will be granted. Fees, times, and dates of all programs are subject to change or cancellation.

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

PARTICIPANT'S SIGNATURE _____ DATE _____

Parent/Guardian: I declare under penalty of perjury that I am the parent/guardian of the minor. I have authority to enter into this agreement on behalf of the minor. I agree to be bound by its terms [if participant is a minor].

Staff Use Only

Program(s) applied for (circle):	Operation Splash	LA 84	Red Cross Centennial
Staff Name:	Site Taken:	Pool Requested:	
Date Received:	Program(s) applied for (circle):	Swim Lesson	Pool Pass Jr. Lifeguard
Scholarship Amount:	Fee Paid:	Single Transaction Verification:	Date:
		Income Verification:	Date:

SPONSORED BY:

