



# Youth Sports and Activities Scholarship Application - FY 2017/18

PLEASE FILL OUT COMPLETELY

**Only Walk-In Applications Accepted**

Walk-in applications accepted during regular business hours at each community center, **provided scholarship funds are still available. Apply early for each sport/activity...funds are limited!** Scholarships are only granted and available to City of Riverside residents.

**Payee/Adult Information**

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

Children/Child's School Name(s): \_\_\_\_\_

**Emergency Contact/Individual Authorized to Pick-Up Participants**

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

Participant	Participant's Name	Gender	Birth Date	Sport/Activity	Grade	Shirt Size	Center Name	Original Fee
1	Max Player (Example)	<input checked="" type="radio"/> M <input type="radio"/> F	2/1/2002	Football	2nd	YL	Bobby Bonds	\$45
1		M / F	/ /					
2		M / F	/ /					
3		M / F	/ /					
4		M / F	/ /					

Scholarship Total = \$20 x Participant	—————>	Scholarship Total	\$
Total Amount Due from Resident	—————>	Total Fee(s) Paid: by Customer	\$

**Required Statistics for Purposes of the Community Development Block Grant Program**

# of Youth (0-17 years)=	# of Adults (18-59 years)=	# of Seniors (60+ years)=
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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)	
<b>Extremely Low</b>	\$13,550	\$16,240	\$20,420	\$24,600	\$28,780	\$32,960	\$37,140	\$41,320	<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Native American or Alaskan Native
<b>Very Low</b>	\$22,600	\$25,800	\$29,050	\$32,250	\$34,850	\$37,450	\$40,000	\$42,600	<input type="checkbox"/> Black or African-American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<b>Low</b>	\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian
									<input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latino

**Application Statement / Waiver**

I certify that the information provided on this form is accurate and complete, and that I am a resident of the City of Riverside. I further acknowledge that eligibility for services is based upon having a qualifying annual family income level belonging to a group that is presumed to be low-or moderate-income. I acknowledge that providing false information shall be grounds for termination from the program. I therefore authorize such verification, and will provide supporting documents if requested.

The parent(s) of participant(s) must complete and return this agreement. It is understood that I (the participant), cannot participate in the recreation activities until this WAIVER form has been completed. For and in consideration of permitting THOSE LISTED ON THE ACTIVITY FORM to participate in THE CLASSES/PROGRAMS ABOVE, organized and sponsored by the City of Riverside in the County of Riverside, the undersigned hereby voluntarily forever releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death, occurring to the Undersigned arising out of the participation in said sport or any activities incidental thereto; wherever, or however the same may occur and for whatever period said active ties may continue, and the Undersigned does for himself/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for himself/herself and for his/her heirs, executors, administrators or assigns shall not prosecute or present any claim for personal injury, property damage or wrongful death against the City of Riverside, the City of Riverside Parks, Recreation and Community Services Department or any of its officers, agents, servants or employees (hereinafter referred to as "Releasees") for any of said causes of action including, but not limited to, losses caused by the passive or active negligence of the Releasees. The Undersigned acknowledges, understands and assumes the risks inherent in recreation activities, and that said activities entails risks of physical injury to his/her person and property and the Undersigned is participating with full knowledge of said risks. Undersigned acknowledges, understands and assumes the risks, if any, arising from the conditions of the various recreation facilities, softball fields and adjacent school or park grounds and parking lots; and acknowledges and understands that this City waiver includes, but is not limited to, any action or cause of action arising from (1) the performance, or failure to perform, maintenance, inspection, supervision, control or security of said areas, (2) the failure to warn of dangerous conditions as existing on or near said locations, or (3) any action by the spectators or (4) negligent supervision or selection of officials, spectators, players or coaches or (5) any hidden, latent or obvious defects or dangerous conditions existing on or near said locations. IT IS THE INTENTION OF THOSE LISTED ON THE ACTIVITY FORM BY THIS INSTRUMENT TO EXEMPT AND RELIEVE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES. I have read and hereby agree to abide by the City Recreation Activity Rules. I further acknowledge that my participation in the CITY OF RIVERSIDE Recreation Activities will be in jeopardy should I fail to adhere to the rules. I give permission to the CITY OF RIVERSIDE to photograph me or my children participating in the programs for use in future City publications and understand that I will not receive any compensation for such use. Furthermore, we give our permission to have the above-named participant treated in the event of accident or illness.

**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:	Center Requested:	Division of Sport:
Date Received:	Program(s) applied for (circle):	Sports	Contract Class
Scholarship Amount:	Fee Paid:	Approved:	Funds Transferred: