

Date Received: _____
Admin: _____
FY2016/17

YOUTH ACTIVITY SCHOLARSHIP APPLICATION

Dear Applicant:

The City of Brentwood Parks and Recreation Department provides partial financial assistance for our sports, classes and programs through the Youth Activity Scholarship Program, which is based solely on need, not school grades.

To be eligible, you and the participant must meet the following requirements:

- Be a Brentwood resident living within the city limits
- Provide proof of residency with a driver's license and a current utility bill
- The participant is under 18 years of age
- The yearly family income is within the income eligibility chart listed below
- Submit a completed scholarship application with verification of the yearly family income

The Youth Activity Scholarship Program is funded through community donations, East Bay Regional Park Foundation and Kaiser Foundation grants. Applicants that meet the requirements are eligible to apply on a first-come, first-serve basis. Financial commitment may vary from year to year, depending on the financial support from community organizations and grant programs.

The following table reflects the Income Eligibility Guidelines from the National School Lunch Program for 2016 – 2017 school year.

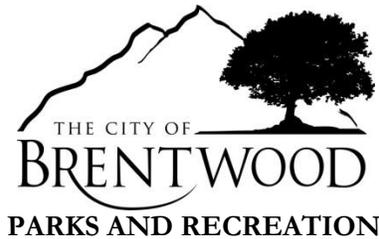
Household	Annually	Household	Annually
*1	\$21,978	5	\$52,614
2	\$29,637	6	\$60,273
3	\$37,296	7	\$67,951
4	\$44,955	8	\$75,647
Households over 8, add \$7,696 for each additional family member			

*A household of one means a foster child, institutionalized child, or a pupil who is his/her sole support. A limit of \$125.00 in scholarships per eligible family is available each fiscal year, as long as funds are available. The scholarship will subsidize 50% of the sport/class/program activity fee, or the foundation grants will subsidize \$25.00 of a group swim lesson and \$10 from a 10-entry recreation swim pass.

Qualified applicants will be considered without regard to race, color, ancestry, religion, national origin, sex, age, disability, medical condition or marital status. In accordance with the Americans with Disabilities Act (ADA), if special accommodations are necessary at any stage of the application process, please provide the City of Brentwood Parks and Recreation Department with advance notice and every attempt will be made to consider your request.

Applications will be reviewed within 24 hours of receipt for staff approval. No refunds allowed or available. Scholarship funds are available for City of Brentwood Parks and Recreation sponsored programs, aquatic classes, and 10-entry recreation swim passes only.

For more information, please contact the Parks and Recreation Department at 516.5444 or visit the office in the Brentwood Community Center, 35 Oak Street, Brentwood, CA 94513. Office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.



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YOUTH ACTIVITY SCHOLARSHIP APPLICATION

Applicant Name: _____
 Relationship of Applicant: () Father () Mother () Guardian () Other: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____

CHILD/PARTICIPANT INFORMATION:					
First Name	Last Name	Date of Birth	School & Grade Level	Class/Sport/Activity Requesting	Cost of Program
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Father's Employer: _____ Work Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Mother's Employer: _____ Work Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____

Other Means of Support: (Please mark all that apply)
 AFDC Public Assistance School Lunch Assistance SSI
 Food Stamps Rental Assistance Other: please describe _____

Proof of income is required. Attach previous year's tax return and current pay stub. ***Income table on previous page.***

Number of Persons in your Household: _____ Yearly Family Income: \$ _____
 Verified by: () Tax Return () Employer Verification () Other: _____

I hereby certify that the annual family income indicated above represents all means of support from employment income and government assistance.

Signature: _____ Date: _____

Payment: () Cash () Check () Visa/MasterCard/Discover _____

Credit Card Signature: _____ Exp. Date: _____

FOR OFFICE USE ONLY:

Verify: (*Admin Initial*) Brentwood Address (*Admin Initial*) Driver's License (*Admin Initial*) Attach Copy of Current Utility Bill

Supervisor Approval: _____ Date: _____ Recorded: _____

City of Brentwood Registration Form

Please Note: Most Youth Sports registrations will require a shirt size. Class registrations DO NOT.

Person Responsible for the Account

Return Fax to: (925) 516-5445

Last Name: _____ First Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell/Emergency Phone: _____
REQUIRED FOR FAX OR MAIL-IN REGISTRATION CONFIRMATION. PHONE NUMBER CONTACT NAME

How did you first hear about our classes, leagues, and/or programs? Activities Guide Website Through a friend or family member

Newspaper Other (please specify): _____

Participants Name	M/F	DOB	Activity Name	1st Choice <input type="checkbox"/> AND <input type="checkbox"/> OR			2nd Choice			Fee
				Class#	Shirt Size	Pant Size	Class#	Shirt Size	Pant Size	
TOTAL										

Uniform Size Guide

Shirt Sizes (Sample sizes available in Parks and Recreation office.):

Youth: YS (6/8) YM (10/12) YL (14/16)
 Adult: AS (34/36) AM (38-40) AL (42-44) AXL (46-48)

Pant Sizes (ASA girls softball only):

Youth: YS (22/24) YM (26/28) YL (30/32)
 Adult: AS (26/28) AM (30/32) AL (34/36) AXL (38/40)

Volunteer Coaches Needed

Volunteer coaches are always in demand. Be a big part of your child's life, be a volunteer coach. Sign below and the Recreation Department/ Biddy Sports Program will contact you with more information.

Name: _____

Phone: _____ Coach Shirt Size: _____

Method of Payment

Check/Money Order (Make Payable to **City of Brentwood**, 35 Oak Street, Brentwood, CA 94513)

MasterCard Visa Discover Credit Card Number:

Credit Card Signature: _____ Expiration Date: _____

Medical Consent and Liability, Indemnity and Participation Agreement

In consideration of my own and/or the above named individual(s) participation in the programs listed above, I voluntarily release the City of Brentwood, Brentwood Union School District and Liberty Union High School District (collectively "City and Districts"), their officers, agents, employees and volunteers from any and all liability for injuries or death, or property damage resulting from or in any way connected with my and/or the individual(s) named above participation in the program. Additionally, as myself and/or as parent and/or guardian of the individual(s) named above, I do forever release and hold harmless and indemnify the City and Districts, their officers, agents, employees and volunteers from all claims or rights of action for damages which myself and/or the above named individual(s) has or may hereafter have, resulting in any way connected with myself and/or the individual(s) named above participating in this program, either before or after the individual named above reaches their age of majority. I understand that this waiver and release is applicable even though the negligent activities of the City and Districts, their officers, agents, employees or volunteers may have caused or contributed to the injury or death or property damage.

In consideration of my own and/or the above named individual(s) participation in the programs listed above do hereby agree to allow the individual(s) named above to participate in the aforementioned activity and authorize the program directors and/or instructors as agents for the above signed to consent to medical, surgical and dental examination, in addition to any and all other treatments that may be deemed necessary by medical personnel. It is further understood that this Agreement is binding on my heirs and assigns, as well as those of the individual(s) named above. I agree that pictures taken during program hours may be used for all future promotional purposes and hereby grant permission to the City to use my own or the above named individuals picture in the City's publications and the City's internet webpage. I further agree on behalf of myself and the above named individual to release and discharge the City, its officers, employees, agents, and volunteers from any and all claims or causes of action arising out of the photograph, name, image or likeness. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. I agree to return upon request equipment issued to the above participants in as good condition as when received except for normal wear and tear. The City and Districts will not provide health and/or accident insurance for program participants.

I HAVE READ THIS MEDICAL CONSENT AND LIABILITY, INDEMNITY AND PARTICIPATION AGREEMENT, FULLY UNDERSTAND IT AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Signature: _____ Print Name: _____

Check all that apply: Participant Parent Legal Guardian Date: _____