

Swim Safe Scholarship Application

The City of Sacramento Swim Safe Scholarship offers free aquatics programs to people demonstrating financial need. Eligible programs are swim lessons, swim team, and junior lifeguard camps, which are offered at pools throughout the city. Applicants who qualify receive a credit for the current aquatics season toward the cost of eligible City of Sacramento Aquatics programs.

How to qualify for a Swim Safe Scholarship:

1. Complete the Swim Safe Scholarship application on the following page.
2. Attach required documentation verifying the applicant currently receives assistance from any one of the following programs: WIC, EBT/CalFresh, TANF, or MediCal. *Accepted documentation must include the name of the participant or legal guardian and the name of the qualifying program.*
3. Send your completed application and documentation to swimsafe@cityofsacramento.org
4. Within 21 days, a staff member will notify you of your Swim Safe Scholarship application status and how to register for eligible aquatics programs.

Allow up to 21 days for application processing. Applications must be approved and processed, and applicants must be registered for the eligible program prior to beginning the activity.

For more information contact: swimsafe@cityofsacramento.org

Swim Safe Scholarship Application

Applicant Information		
Participant's Name:		
Gender:	Birthdate:	Age:
Parent/Guardian Name:		
Email Address:		
Address:		State: Zip:
Parent/Guardian Birthdate:		Contact Phone:
Program Preference (select up to two (2) total program sessions per applicant. Program registration is not guaranteed.)		
Swim Lessons session(s): 1 swim lesson session 2 swim lesson sessions Junior Lifeguard Camp session(s): 1 junior lifeguard camp session 2 junior lifeguard camp sessions Swim Team session: 1 swim team session		For aquatics program schedules, program overviews, including age and ability prerequisites, and more information, visit www.cityofsacramento.gov/aquatics

Hold Harmless Agreement for Participation in City of Sacramento Programs

Hold Harmless Agreement: I understand that serious accidents occasionally occur during recreation programs. Knowing the risk and in consideration of being permitted to participate in City of Sacramento recreation programs, I agree to assume all risks connected therewith. I agree to release and discharge in advance the City of Sacramento, its officers, employees and agents from any and all liability for personal injury, shall remain in effect until revoked in writing. I also assume full responsibility for the above child's behavior and agree to pay for all damages to property or person caused by the aforementioned. If a participant's behavior interferes with the program, I will be contacted. Further disciplinary problems may result in expulsion from the program.

Refunds/Cancellations/Transfer: The City of Sacramento reserves the right to cancel, combine or divide courses; to change the time, date or place of courses; to change the instructor; and to make other changes which become necessary to ensure a quality experience for the participants. Participants will be notified if the course is filled or canceled. Our staff will assist you in selecting another activity, registering for another course or receiving a refund. If insufficient enrollment causes an activity to be cancelled or in the event that the staff must cancel a course for which you have registered, we will contact you and offer you an option of transferring to another session or receiving a full refund check by mail in 3 weeks. No requests for refunds or transfers will be accepted after an activity has started, except in case of the participant's illness, supported by written documentation from the family physician. If you cancel or request a transfer prior to the start of the activity a \$5 processing fee per participant, per course will be assessed.

Permission for Medical Treatment: In case of an accident or injury, I authorize a staff member of the City of Sacramento to call the 911 emergency number. I give my consent to any medical treatment felt necessary by an attending physician for the physical wellbeing of the child mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of my child at my expense.

Consent to Photograph, Film or Tape: I agree to have photographs, films, videotapes or tape recordings taken of me or minor child registered under my signature while participating in the City of Sacramento programs. I permit these photographs, films or tapes to be released to be used in publications, promotional materials, web site, and for other public information purposes by the City of Sacramento. If I do not consent staff leading the program for which I am registered must be informed of and record my non consent.

Privacy Statement: The information provide is accessible only by Recreation staff. Course coordinators and instructors will receive only the name, current age, address, and phone numbers of participants. Email addresses will only be used for Department correspondence related to your registration, program promotions, and upcoming events. Your information will not be shared with other agencies, departments, businesses or individuals except as required by law.

Signature	
Parent/Adult Signature:	Date:
Documentation of Need	
Aid Type Received (Copies of documents for one type must be attached):	
WIC EBT/CalFresh MediCal TANF	