

COMMUNITY RECREATION SCHOLARSHIP APPLICATION

YOUTH SPORTS

Participants Name:		Age:	Birthdate:
Address:		State:	Zip:
Parent/Guardian:		Email:	
Work/home phone:		Cell phone:	
Parent/Guardian:		Email:	
Work/home phone:		Cell phone:	

COURSE REGISTRATION				
Activity Name	Course Number	Location	Start date	Time

Mark one that applies and submit a copy of document			
<input type="checkbox"/> WIC	<input type="checkbox"/> EBT	<input type="checkbox"/> TANF	
<input type="checkbox"/> MediCal			

Hold Harmless Agreement for Participation in City of Sacramento Programs: 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 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.

Signature	
Parent/Guardian signature	Date: