



Recreation Program Assistance Eligibility

Who qualifies? Any GDRD resident (0-17) who meets the age requirements of the specific program, who would not otherwise be able to pay for the program, or for whom payment would result in the family applying money which should be used for other pressing needs, or is referred to the program to provide benefits that would assist in reducing the child from being “at-risk”.

The family income must be under a certain amount patterned after the formula established by the State Department of Education for subsidized programs as currently reflected in the table below:

Family Size	1	2	3	4	5	6	7	8
Monthly Income	\$1968	\$2658	\$3349	\$4040	\$4730	\$5421	\$6112	\$6802

The Application and Selection Process

The parent or legal guardian of a candidate must complete the Recreation Assistance Fund application and **submit proof of income or verification that the family is receiving state or federal aid, or otherwise meets income eligibility.** Applicants will be notified ASAP after submitting an application.

The Recreation Assistance Fund is provided by local organizations, businesses, and individuals. There may not be enough funds to provide for all families who meet eligibility requirements.

Commitment on the part of the family and individual or participant in the program once assistance is provided is very important. For this reason, all recipients, who receive 100% support, will be strongly urged to contribute a small amount back into the fund when they are able, or to provide volunteer services to the GDRD in a manner mutually agreed upon.

GDRD will provide eligibility verification for GDRD Community Partner activities, so that the Community Partner group can provide for reduced fees.

The GDRD General Manager will be responsible for administering the Recreation Assistance Fund. **At all times, the dignity and privacy of applicants and their families will be respected throughout the process.**

VERIFICATION:

Applications must be accompanied by copies of the following:

- BOMUSD Eligible Free or reduced lunch,
- or CalFresh, CalWORKs, FDPIR, or Kin-GAP

If N/A:

- Valid driver's license or identification card
- Utility bill (i.e. electricity, water, disposal)
- First page of a current 1040 Federal income tax return form and supporting W-2's or other tax form that verifies annual total household income
- Current pay stub

The GDRD, at its sole discretion may accept other forms of income verification. All applications and attachments are confidential and filed with the GDRD for the exclusive purpose of issuing the Youth Program Assistance.

PROGRAMS ELIGIBLE FOR ASSISTANCE:

Programs directly offered by the GDRD will be offered at a discount to children of **resident** families that complete the **APPLICATION FOR REDUCED PROGRAM FEES FOR GDRD RESIDENTS** and are eligible for the reduced fees. The GDRD reserves the right to limit eligibility. Commitment on the part of the family and individual or participate in the program once assistance is provided is very important.

The dignity and privacy of applicants and their families will be respected throughout the process and at all times.

NONDISCRIMINATION:

Children that receive reduced program fees will be treated in the same manner as those children who pay full price for the same service. No child will be discriminated against because of race, sex, color, national origin, age, or disability. Family members will be asked to present proof of a GDRD issued youth program assistance when registering for or attending approved activities.

CONFIDENTIALITY:

The information provided on the **APPLICATION FOR REDUCED PROGRAM FEES FOR GDRD RESIDENTS** will not be given to anyone that is not part of the GDRD administrative staff. The information will be used only to decide if the child is eligible to receive reduced program fees.

GEORGETOWN DIVIDE RECREATION DISTRICT

Recreation Activities Fund Application

Youth 0–17 years old

Please complete application and return to:
Georgetown Divide Recreation District
4300 Hwy 49
Pilot Hill, Ca 95664

For GDRD Use Only: Household Size: _____
Eligibility Determination: _____
Approved: _____ Amount: _____
Authorized by: _____ Date: _____

Parent Name: _____ Home Phone: _____ Work Phone: _____
(Print last name first)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ CHILDREN(S) INFORMATION

Last Name First	DOB	Grade	Last Name First	DOB	Grade
1. _____			4. _____		
2. _____			5. _____		
3. _____			6. _____		

HOUSEHOLD MEMEBERS AND ANNUAL INCOME:

List all adult household members and indicate the amount of ANNUAL INCOME. (Including gross earnings from work, pensions, retirement, social security, welfare benefits, child support, alimony payments or other income.)

Last Name First	Total Household Annual Income
1. _____	_____
2. _____	_____
3. _____	_____

Which activity(s) will your children participate in?

- Youth Basketball
 Divide Little League
 Gold Country Girls Softball
 Gold Nugget Soccer
 Other _____

ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION

Application for reduced fees may be submitted at any time. Family members will be asked to present proof of GDRD issued Recreation Activities Fund assistance when registering for approved activities. Verification efforts may include checking the documentation produced by household members to prove the amount of income received. If incorrect information is reported, verification checks may result in a loss of benefits, claims for reimbursement or legal actions.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of reduced fees on GDRD programs and that officials may verify the information on the application. Deliberate misrepresentation of the information on this form may subject me to prosecution under applicable State and Federal Laws.

* _____ Date _____
Signature of adult household member completing this form

Georgetown Divide Recreation District

Registration Form

Participant or legal guardian must complete the form in its entirety prior to the first class meeting. Make checks payable to the "GDRD" and submit form with payment to: **GDRD, PO Box 274, Pilot Hill, CA 95664**

Adult/Parent/Guardian _____ Date of Birth _____

Residential Address _____ City _____ Zip _____

Mailing Address: _____ E-Mail _____

Phone (Home): _____ Work: _____ Cell: _____

Emergency Contact: Name _____ Relationship _____ Phone _____

Participant's Full Name	Date of Birth	Class or Activity	Additional Jersey Fee	Fee

Payment: Check (Payable to GDRD) Visa MasterCard Card

_____ Exp. Date: _____ Security Code _____

NOTE: Class confirmation notices will NOT BE SENT. Consider yourself registered unless otherwise notified.

Additional forms can be found at www.gdrd.org

Release & Indemnity

In consideration for being permitted by the above named district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above named district (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood this activity involves an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age) I hereby consent that my son/daughter named above participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I have carefully read the above release and indemnity agreement and fully understand its contents. I am aware that this is a release of liability and agreement to indemnify the GDRD and I sign it of my own free will.

Signature (if under 18, Parent or Guardian) _____ Date _____

Name (Print) _____

*******For Youth Basketball League Only*******

Will you coach? Yes No Coaches Name: _____

NOTE: It is mandatory for all volunteers/instructors with supervisory authority over a minor to be finger printed.

Please contact the GDRD office, 823-9090 or 333-4000 for more information.

Child's Name	Grade	School	Height	Shirt Size	Sex: M/F

Shirt sizes: YL (14-16), AS (34-36) AM (38-40), AL (42-44), AXL (46-48)