



## **FINANCIAL ASSISTANCE APPLICATION**

**BOLINGBROOK PARK DISTRICT**

**PHONE (630) 739-0272**

**FAX (630) 739-1039**

**Financial assistance is only available to Bolingbrook residents. Applicant is required to establish a RESIDENT ID household in order to participate in the program.**

**Financial assistance program is for recreational, fitness classes and summer pool passes. Assistance MAY NOT be applied toward the **REACH Program, annual fitness memberships and annual aquatic memberships, life guard training course and Boughton Ridge Golf Course green fees.****

*Submit completed Financial Assistant form along with Program Registration form and required documentation to Beth Benner, Administrative Assistant, Bolingbrook Park District, 201 Recreation Drive, Bolingbrook, IL 60440.*

### **Application Guidelines (must comply with the following to be considered for assistance)**

1. Aid is confidential and is not a matter of public record.
2. Applications will be accepted each program season: Winter, Spring, Summer and Fall no later than **two weeks** before the requested program or service begins.
3. Financial Assistance will not be awarded to prepaid classes.
4. All awards will be awarded on the basis of need and availability.
5. Granting of financial assistance does not ensure continued approval for succeeding sessions.
6. There is a maximum of **one program** granted for each participant per session.
7. In order to provide assistance to as many families as possible each applicant will receive up to a maximum of 25% off the requested program's registration fees.
8. Once financial assistance is approved a \$25 down payment is required. A payment plan will be set up for the balance. Failure to meet payment schedule may result in being removed from class.
9. **Application must be completed in full and all pertinent records must be presented before the applicant is considered for assistance. All applicants must include a "program registration form" plus one of the following:**
  - a. A letter from the Department of Human Services, or a similar agency with proof of Public Aid, Welfare, Foster Care, etc...
  - b. A letter indicating a child has been approved for reduced or free school lunch program with dates of eligibility.
  - c. A copy of Medicaid card with dates of eligibility.
10. The Bolingbrook Park District reserves the right to deny applicant's request.



# REGISTRATION FORM

## program and pelican pass

Adult/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Please Print) First Last

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Home (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Work (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_

### PROGRAM and PELICAN PASS REGISTRATION

**Mail or bring to:** Annerino Community Center 201 Recreation Drive, Bolingbrook, IL 60440 **or**  
 Bolingbrook Recreation & Aquatic Complex 200 S. Lindsey Lane, Bolingbrook, IL 60440  
 → Please make checks payable to the **Bolingbrook Park District**.

We invite registrations by people with disabilities. If you need assistance to participate, please mark an "x" in YES box.  YES  NO

CODE	PARTICIPANT'S/ PASS HOLDERS NAME	BIRTHDATE	GENDER	FEE	PROGRAM NAME	DAY	TIME

Would you like to make a donation to the Bolingbrook Park District's Financial Aid Program?

NO  YES—please select which amount: \_\_\_ \$1 \_\_\_ \$5 \_\_\_ \$10 \_\_\_ Other (\$ \_\_\_\_\_)

**TOTAL**  
\$



**PHOTO:** I understand that my child/ward or I may be photographed or videotaped while participating in a Bolingbrook Park District program or facility. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotape will remain the property of the Bolingbrook Park District.

### WAIVER AND RELEASE FOR PARTICIPANTS OR/BY PARENT

**Must be signed by parent if under 18.**

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Bolingbrook Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "Bolingbrook Park District").

I do hereby fully release and forever discharge the Bolingbrook Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering online, your online signature shall substitute for and have the same legal effect as an original form signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(18 years or older or Parent/Guardian)

**Note:** The Bolingbrook Park District does not carry medical or accident insurance for its participants. The cost of such insurance would make programs cost prohibitive. We suggest that you look at your own insurance policy to be sure you are adequately covered. The Park District assumes no responsibility for personal injuries or loss of personal property. **107**

**OFFICE USE ONLY:**

Date Received in Administrative Office: \_\_\_\_\_

Amount Awarded: \_\_\_\_\_

Payment Schedule: \_\_\_\_\_  
\_\_\_\_\_

No Assistance – Payment Plan: \_\_\_\_\_  
\_\_\_\_\_