

**BOLINGBROOK PARK DISTRICT**  
**PHONE (630) 739-0272**  
**FAX (630) 739-1039**

## **FINANCIAL ASSISTANCE PROGRAM**

### **Philosophical Position**

It is the opinion of the Bolingbrook Park District that every resident should have opportunity to participate in recreational programs. The Park District will provide a financial assistance program for residents faced with financial hardships. Due to the business-like nature of the revenue facilities, limited financial assistance may be provided for facility memberships or green fees.

### **Qualifications for Financial Assistance**

Evidence of financial need must be demonstrated to qualify for financial assistance. Factors defining financial need include current participation in public aid, food stamps, school lunch or subsidized programs, excessive medical bills and/or family income.

### **Procedure**

Persons requesting financial assistance must reside in the District, complete the appropriate application form and submit it to the Bolingbrook Park District, Annerino Community Center, 201 Recreation Drive or Bolingbrook Recreation and Aquatic Complex, 200 S. Lindsey Lane, Bolingbrook, IL 60440. Applicants will be notified of a decision as soon as possible.

## **Application Guidelines**

1. Aid is confidential and is not a matter of public record.
2. All the awards will be awarded on the basis of need and availability. The Bolingbrook Park District reserves the right to approve full or partial funding or deny applicant's request.
3. The Superintendent of Recreation and the appropriate Recreation supervisor will evaluate all requests for financial assistance.
4. Financial assistance will be awarded on a per person, per program, per session basis. Granting of financial assistance does not ensure continue approval for succeeding sessions.
5. Application must be completed and all pertinent records must be presented before the applicant is considered for assistance.
6. In order to receive aid, the applicant must be on at least on of the public aid programs and must be verified by at least one of the references given on the application form.

## **Limits**

1. Partial assistance may be granted in some cases. The established minimum payment is due at the time of registration.
2. Only partial assistance is available for trips and other contractual programs.

**BOLINGBROOK PARK DISTRICT  
FINANCIAL ASSISTANCE APPLICATION**

Date received: \_\_\_\_\_

**Financial assistance applicants must be Bolingbrook residents. Applicant must have or 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 fitness and annual aquatic memberships.**

This form must be completed and returned to the Bolingbrook Park District. Applications received prior to the registration deadline will be given first consideration of assistance. Following verification of information supplied, applicant will be notified as to disposition of request **WITHIN 7 BUSINESS DAYS OF SUBMITTAL**. **Financial Assistance will not be awarded to prepaid classes.**

Name of Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

Person completing application: \_\_\_\_\_

Name of Participant(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF ASSISTANCE REQUESTED:**                      Partial Award                      Payment Plan

**ASSISTANCE REQUESTED FOR:**

Program Code	Program Name	Participants Name	Age	Full Cost	Amount of Assistance Requested

**Total Amount Requested:    \$\_\_\_\_\_**



**PLEASE READ AND COMPLETE FORM.**

**DO YOU HAVE YOUR RESIDENT ID?**

**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  
*Make checks payable to the Bolingbrook Park District.*

Head of Household: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Please Print)  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_  
 Phone: (home) (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (cell) (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
 (work) (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

I want to receive park district updates via email.  YES  NO

In order to protect your privacy, fax orders paid by credit card will no longer be accepted. Credit Cards will still be accepted in person or online.

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

CODE	PROGRAM NAME	DAY	TIME	FEE	PARTICIPANT'S NAME	SEX M / F	BIRTH DATE

Would you like to make a \$1 donation to the Bolingbrook Park District's Financial Aid Program?  YES  NO  
 For information on our Financial Aid Program, please refer to page 88. Please add your donation to your total.  
 Thank you for helping everyone enjoy the benefits of parks and recreation.

**ENCLOSED TOTAL**

\$ \_\_\_\_\_

PLEASE INDICATE YOUR CHOICE OF PAYMENT (please pay for first choice classes)  Check  Cash\*  Credit Card\*  Check Card\*  
 \* During in person registration only.

**PHOTO:** I understand that my child/ward or I may be photographed or videotaped while participating in a Bolingbrook Park District program. I give permission for photos and videotapes of my child/ward or me to be used to promote the Park District. Such photos and videotapes 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 be 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 on-line or via fax, your on-line or facsimile 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.