



SCHOLARSHIP APPLICATION FORM

(San Clemente Residents Only)

Office Use Only

Date Received: _____

Approved By: _____

Denied: _____

San Clemente Aquatics Center: 987 Ave. Vista Hermosa / (949) 429-8797

San Clemente Community Center: 100 N. Calle Seville / (949) 361-8264

Ole Hanson Beach Club: 105 W. Avenida Pico / (949) 388-2131

The City of San Clemente and the Friends of the Beaches, Parks and Recreation Foundation offer a scholarship for families who are experiencing a financial hardship. The scholarship is limited to \$100 per household per year. Scholarships are made possible through donations from the community. Scholarships will only be awarded if funding is available. An application for a scholarship does not guarantee funding or space in the class requested. **For consideration of approval, please include proof of one of the following:**

- CUSD Free Lunch Program or CUSD Bus Program
- Enrollment in SoCal Edison CARE/FARE programs
- Enrollment in SoCal Gas Company LIHEAP program
- Enrollment in AT&T Lifeline Program
- Enrollment in WIC or government food stamp program
- Other financial hardship assistance (provide proof)

Adult Last Name:		First Name:	
Street Address:			
City:		State:	Zip Code:
Primary Phone:		Alternate Phone:	
E-Mail Address:			
Additional Family Members:			
Full Name:		Date of Birth:	
Full Name:		Date of Birth:	
Full Name:		Date of Birth:	

PHOTO/VIDEO RELEASE: I understand that at various times City representatives may photograph and/or video activities of City recreation programs, special events and participants. By signing this form, I authorize the City of San Clemente to use or publish any photographs/videos taken of me or my child/children to promote classes on the City's website and other internet publicity, and/or in future publications of City brochures and/or flyers.

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT: The undersigned hereby releases the City of San Clemente and its officers, agents and employees from all liability to the undersigned (and from any minor participants for whom the undersigned has the capacity to contract), thereby releasing, indemnifying, and holding harmless the City of San Clemente, its officers, agents, and employees from all liability to the undersigned (and said minors) for any loss or damage on account of physical, mental and emotional injury to the undersigned (of said minors) caused by negligence of the City of San Clemente, its officers, agents and employees. The undersigned hereby assumes full responsibility for, and the risk of, physical, mental and emotional injury due to the negligence of the City of San Clemente, its officers, agents and employees. The undersigned recognizes for himself or herself, and any minors, that the events and occurrences to which this release applies can be dangerous and as a result of signing below, the undersigned is accepting those risks for himself or herself, and for any minor participants for whom the undersigned can contract.

AUTHORIZATION TO PROVIDE MEDICAL TREATMENT FOR MINOR PARTICIPANTS: The undersigned, who is the parent or guardian of the above named individual, a minor, hereby authorized the City of San Clemente, into whose care the above named individual has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by dentist licensed under the provisions of the Dental Practice Act. The undersigned furthermore authorized the City of San Clemente to transport or make arrangements for transport as may be required for the administration of health care consented to in the above program.

REFUND POLICY: To drop a class, complete a Refund Request Form. If notification is received before the second class meeting date, a refund in the form of a check or left on the City account (minus an \$8 processing fee) will be processed. **Camps:** If a refund request is received 72-hours before the start of the course/camp, a refund will be provided. **Workshops:** If a refund request is received 24-hours before the start of the course, a refund will be provided. All refunds are in the form a check or credit. An \$8.00 refund processing fee will apply per person, per class. **No refunds or credits will be issued after the second class meeting.**

I, THE UNDERSIGNED, AM FAMILIAR WITH THE NATURE OF ACTIVITIES AND CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING.

Participant Signature: _____ **Date:** _____

(Parent or guardian signature if under 18 years of age)