



City of San Clemente Marine Safety
SCHOLARSHIP APPLICATION FORM (Residents Only)
 100 N. Calle Seville, San Clemente, CA 92672
 Phone: (949) 361-8261
 Fax: (949) 361-8277

<i>Office Use Only</i>
Date Received: _____
Approved By: _____
Denied: _____

The City of San Clemente offers a scholarship for families who are having a financial hardship. The scholarship is limited to one full scholarship per household and one ½ scholarship for one additional child per household per year to give your children an opportunity to participate in the Junior Lifeguard Program offered through the City. Scholarships are made possible through donations from the community and will only be awarded if funding is available. **Any balances due must be submitted with this application or your request will not be processed.** 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 WIC or government food stamp program
- Enrollment in SoCal Gas Company LIHEAP program
- Enrollment in AT&T Lifeline program
- Enrollment in SoCal Edison CARE/FARE programs
- Other Financial Hardship Assistance (provide proof)

Adult Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Alternate Phone: _____

E-Mail Address: _____

Would you like a scholarship confirmation e-mailed to you? Yes No

Scholarship	Session	Participant's Full Name	Gender	Date of Birth	Fee
Full					
Half					

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 from the Junior Lifeguard Program, please call (949) 361-8261. If a withdrawal request is received prior to the start of the second day, a refund will be issued in the form of a check or left on the City account less an \$8 withdrawal fee and, if applicable, up to a \$20 non-refundable equipment fee. **No refunds will be issued after the start of the second class.**

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.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____