



Waukegan Park District
 Program Assistance Application **CONFIDENTIAL**
 Date of Application: _____
 Family Name: _____

PURPOSE

- Program assistance is available to assist Waukegan Park District/SRSNLC-Waukegan individuals that live within the boundaries of the Waukegan Park District wishing to participate in programs and services that would not otherwise have the resources to participate. The Park District makes no representation about the amount of assistance, if any, which is available. Assistance awards are made solely at the discretion of the Park District and denials are non-appealable.

ELIGIBILITY

- Must live within the boundaries of the Waukegan Park District. <https://maps.lakecountyil.gov/mapsonline/>
- Applicants must apply for assistance in writing using the program assistance form provided by the District.
- All documentation requested by the District must be turned in prior to determination of eligibility.

GUIDELINES

- Household Income **must be provided** on page 2 for review to process the application.
- Program assistance, if awarded, is only for programs registered for after assistance is awarded.
- Program assistance is awarded at the discretion of the District, in consideration of multiple factors.
- All records, including amounts awarded may be subject to FOIA.

REQUIRED DOCUMENTS TO SUBMIT WITH APPLICATION. APPLICATION WILL BE DENIED WITHOUT PROPER DOCUMENTATION.

- Completed Program Assistance Application (pages 1 and 2)
- Completed program registration form is required. This form can be found at the end of this application (page 3). (Your registration will not be processed until the program assistance is approved and your co-pay is submitted.)
- Proof you live within the boundaries of the Waukegan Park District (copy of driver’s license, state ID or current utility bill with name and address.)
- Please provide current documentation for one of the following items:
 - Free/Reduced Lunch Program (preferred)
 - Supplemental Social Security Income (SSI or SSD)
 - Food Service Program (SNAP or WIC)
 - Medicaid
 - Section 8 or Public Housing
 - Unemployment Compensation Documentation
 - Temporary Assistance for Needy Families (TANF)

APPLICATION PROCEDURE

- Complete the program assistance form. Return the completed form along with all required documentation to:
 - In-Person:** Belvidere Recreation Center, Jack Benny Center, or Field House Sports & Fitness Center
 - Mail:** Waukegan Park District, 1324 Golf Road, Waukegan, IL 60087. Attention Recreation Department
 - Email:** jpasillas@waukeganparks.org
- Program assistance applications and documents are valid for the calendar year and will follow the same process for each program request.
- Upon receiving the application, the program supervisor will review the need for program assistance.
- You will be notified when a decision has been reached within 30 working days of receiving the request.

Last Name: _____
 Guardian’s First Name(s): _____
 Street Address: _____
 Marital Status (check one) Single Married Separated Divorced Widowed
 Has your address changed since last registration? Yes No
 If Yes, please list past address: _____
 Primary Phone: _____ Alternate Phone: _____
 Email Address: _____

First and Last Name(s) of Children:

1. _____ Birth Date: _____ Age: _____
2. _____ Birth Date: _____ Age: _____
3. _____ Birth Date: _____ Age: _____
4. _____ Birth Date: _____ Age: _____
5. _____ Birth Date: _____ Age: _____
6. _____ Birth Date: _____ Age: _____

What is the total income for your entire household per year? Check one:

Under \$5,000	\$5,000 - \$10,000	\$10,000 - \$15,000	\$15,000 - \$20,000	\$20,000 - \$30,000	\$30,000 - \$40,000	\$40,000 - \$50,000	Over \$50,000

Explain why you would like to be considered for program assistance. (Include any special circumstances that would prevent you from paying for the program. You may attach additional pages if necessary.)

I fully understand that the financial circumstances outlined above will be kept confidential by the Waukegan Park District. Furthermore, I understand that it is my responsibility and obligation to notify the Park District of any changes in my financial status. The above information is true and correct to the best of my knowledge.

Applicant Signature: _____ **Date:** _____

FOR WAUKEGAN PARK DISTRICT USE ONLY

Required Documents	Yes	No	Amount	WPD Staff Initials
Program Registration Form				
Proof of Residency				
Public Aid/Unemployment Compensation				

FOR WAUKEGAN PARK DISTRICT SUPERVISOR OR AREA USE ONLY:

RecTrac HOUSEHOLD NUMBER: _____

Proof of Residency was shown: ___ Yes ___ No

Type of Residency Proof: _____

Staff Name/Title Verifying Information: _____

Total of Income Verification: (Please list the total amount.) \$ _____

Staff Reviewing Applications: _____

Date Staff Reviewed Application: _____

Was Program Assistance Granted: ___ Yes ___ No

Amount or Percentage Awarded: _____ Date Awarded: _____

Was the Family Informed: ___ Yes ___ No

How and when was the family informed on what they received? _____

Program Registration Form

1324 Golf Rd. Waukegan, IL 60087
 847-360-4700
 Waukeganparks.org



Guardian's Last Name: _____ First Name: _____
 Cell Phone: _____ Date of Birth: _____
 Address: _____ City/State/Zip: _____
 Primary Phone: _____ Email: _____
 Emergency Contact Person: _____ Emergency Contact Phone: _____
 Have you ever registered for a Waukegan Park District program? _____ Yes _____ No

Program #	Program Name	Day/Time	Participant's Name	Gender	Date of Birth	Fee

Important Information

The Waukegan Park District (hereinafter referred to as WPD) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in the highest possible regard. The WPD continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for the above listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by the agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Recreational activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participants in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the WPD to guarantee absolute safety.

Waiver and Release of All Claims and Assumption of Risk

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

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, 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 my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in any and all programs/activities against the WPD, including its officials, agents, volunteers, independent contractors, instructors and employees.

I further agree to indemnify, hold harmless and defend the WPD and its officers, agents, servants, and employees from any and all claims associated with the activities of this program.

I do hereby release and forever discharge the WPD 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 and my minor child/ward and arising out of, connected with or in any way associated with these programs/activities.

In the event of an emergency, I authorize Park District Staff to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my minor child/ward and agree that I will be responsible for the payment of any and all medical services rendered.

I hereby give consent for photographs to be taken and used by the Park District of my minor/child/ward and/or me. All records are public documents subject to release through the Freedom of Information Act, unless an exemption for disclosure applies.

I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all claims, and indemnification and hold harmless. If registering on-line, my on-line signature shall substitute for an have the same legal effect as an original form signature.

X _____
 Signature of Parent, Guardian or Participant _____ Date _____

 Print Name of Parent, Guardian or Participant