



**FRIENDS OF GEORGETOWN
PARKS AND RECREATION**

APPLICATION FOR ASSISTANCE

Date _____

Name of head of household _____

Total living in the home _____

Name of person filing this form _____

Address _____ City/State/Zip _____

Phone H: _____ Cell: _____ email _____

Names, association, and ages of all individuals living within the home:

Name _____	(spouse, daughter, son, etc.) _____	AGE _____
Name _____	(spouse, daughter, son, etc.) _____	AGE _____
Name _____	(spouse, daughter, son, etc.) _____	AGE _____
Name _____	(spouse, daughter, son, etc.) _____	AGE _____
Name _____	(spouse, daughter, son, etc.) _____	AGE _____
Name _____	(spouse, daughter, son, etc.) _____	AGE _____
Name _____	(spouse, daughter, son, etc.) _____	AGE _____

Work Location _____ (city and state) _____

Occupation/Work Title _____

Please Circle Household Income Range:

\$0-\$20,000 \$20,000-\$30,000 \$30,000-\$40,000 \$40,000-\$50,000 \$50,000 +

Name of the Georgetown Parks and Recreation Program or area of assistance requested

Dates and times requested or Program course # _____

Cost of program listed above, if known _____

Overview of why you are requesting assistance (please be as specific as possible)

Please continue on reverse side ☺

Names and ages of those who will participate in the requested program

Name _____ age _____ male/female

Name _____ age _____ male/female

Name _____ age _____ male/female

Name _____ age _____ male/female

Name _____ age _____ male/female

Transportation: How will you/family members get to the requested activity? (We do NOT provide transportation)

Why did you choose this activity/program? _____

Can you contribute to the cost of the above program? _____ If so, what amount? _____

Do you know about the Parks Bucks program? yes ___ no ___

Do you participate in the Parks Bucks program? yes ___ no ___

Would you like to receive information about this program (volunteer to earn credits toward registration fees for GT Parks and Recreation programs)? yes ___ no ___

Does your family participate in Free/reduced lunch programs at school? yes ___ no ___

From what source did you hear about Friends of Georgetown Parks and Recreation, aka "Park Pals"?

In consideration of the participant being allowed to participate in the above registered class(es) or program(s), the undersigned hereby releases the Friends of Georgetown Parks and Recreation; its employees, agents, and/or board members; from any action, claim or demand for personal injury or property loss arising from or due to any negligent act or omission of the Friends of Georgetown's employees, agents, or board members. In the event that the Friends of Georgetown, or a volunteer, provides transportation for the participant, this waiver and release shall extend to and release the driver from any and all liability. Permission is given for any emergency medical treatment, operation or anesthesia which might become necessary. I agree to be responsible for the expense of medical treatment or service. Permission is given of any photography taken during the course of the program, that may include the participant, which will only be used to market the program itself. I understand that these photos will be taken for publicity purposes, and will remain the property of the Friends of Georgetown Parks and Recreation. Permission is given to the Friends of Georgetown Parks and Recreation to use the information, given on this scholarship form, for data collection within the Georgetown Parks and Recreation system. This information will not be sold or voluntarily given to any outside agency for profit or corporate gain.

By signing below, I acknowledge that I have read and agree to the front and reverse sides of this application.

Also, I agree to have my child attend and complete this requested program.

Signed _____ (print name) _____ Date _____

Questions? Contact: Rebecca Gibson-Laemel @ 512-869-3246

Mail to.... **Park Pals Assistance Program 1101 N. College St Georgetown, TX 78626**