



Operation Splash Application & Registration Form



COPY AS NEEDED • PLEASE PRINT & FILL OUT COMPLETELY *Apply Early..space is limited!*

Applications will be accepted starting May 4 during business hours, provided scholarship funds are still available. Completed applications must be received 12 days prior to the start of class. Applications may be submitted to the PRCSD's Main Office (6927 Magnolia Avenue • Riverside, CA 92506) or any local community center.

Payee/Adult Information					
Adult First Name		Adult Last Name			
Street Address				E-mail	
City		Zip Code		Birth Date (Payee)	/ /
Evening Phone	()	Day Phone	()	E-Mail Address	

Check if you live in the City of Riverside city limits. Please include copies of proof of residency and income

Emergency Contact/Individuals Authorized to Pick Up Participants

Name	Phone Number	Relationship	
	()		

Activity and Participant Information

Participant's Name	Gender	Birth Date	Activity Name	Pool Name	Start Date	Time	Fee
Graham Swimsalot (Example)	M	6/9/2014	Level 1	Reid	June 15	4:45	\$45
	M / F	/ /					
	M / F	/ /					
	M / F	/ /					
	M / F	/ /					

PLEASE READ AND SIGN BELOW

Fee Total

Please enter the total amount →

Scholarship Total

Household Size / Income / Demographics

# of Youth (0-17 years)=	# of Adults (18-59 years)=	# of Seniors (60+ years)=
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Total household size (Youth + Adults + Seniors)=

Please circle your total household income

Race (circle all that apply)

Less than \$10,000	\$10,000 to \$14,999	\$15,000 to \$19,999	White or Caucasian	Native American or Alaskan Native
\$20,000 to \$24,999	\$25,000 to \$29,999	\$30,000 to \$34,999	Asian	Hispanic/Latino
\$35,000 to \$39,999	\$40,000 to \$44,999	\$45,000 to \$49,999	Black or African-American	Non-Hispanic/Latino
\$50,000 to \$54,999	\$55,000 to \$59,999	\$60,000 to \$64,999	Other	Native Hawaiian or Pacific Islander

Application Statement / Waiver

City of Riverside Agreement to Release all Liability

BY SIGNING THIS DOCUMENT YOU ARE GIVING UP YOUR RIGHT TO SUE

- I understand that I am no way required to participate in the above named activity and that my participation is voluntary.
- I understand that I must sign this release of liability if I would like to participate in the above named activity.
- I understand that the City of Riverside is permitted by law to require me to sign this release of liability before permitting me to participate in the above named activity.

I understand that by signing this document I am forever agreeing to indemnify and hold the City of Riverside and its employees, officers, managers, agents and council members harmless from any and all liability, loss or damage caused by or arising from their negligence, or those of others, including myself.

I understand that I am agreeing to forever release from liability the City of Riverside and its employees, officers, managers, agents and council members and further agree to give up my right to sue them for any and all property damage, personal injury or wrongful death resulting from their negligence, my own negligence, or the negligence of others. My signature on this document will also prevent my heirs, assigns, representatives, legal guardians, or any person who may sue on my behalf, from suing as well. I understand that by participating in this activity, there are risks of physical injury to my person or property, as well as risks due to the negligent conduct of the City and its employees, myself, or others, involved with the above named activity. By voluntarily participating in the above named activity I understand the risks or injury to my person and property and am assuming the risk of such. Due to high demand and limited spacing no refunds, transfers or credits will be granted.

Fees, times, and dates of all programs are subject to change. Please be advised that all participants involved in any department programs or special events are subject to being photographed. Such photographs may be used by the City of Riverside without an obligation to provide compensation to those photographed. By signing below, I acknowledge and declare that I understand the legal consequences of this release.

APPLICANT SIGNATURE _____ DATE _____

(PARENT OR LEGAL GUARDIAN MUST SIGN FOR THOSE UNDER 18 YEARS OF AGE)

Individuals with disabilities requiring special accommodations should call 951.826.2000.

Staff Use Only

Staff Name:	Site Taken:	Pool Requested:
Date Received:	Program(s) applied for (circle):	Swim Lesson Pool Pass Jr. Lifeguard
Scholarship Amount:	Fee Paid:	Single Transaction Verification: Date: Income Verification: Date: