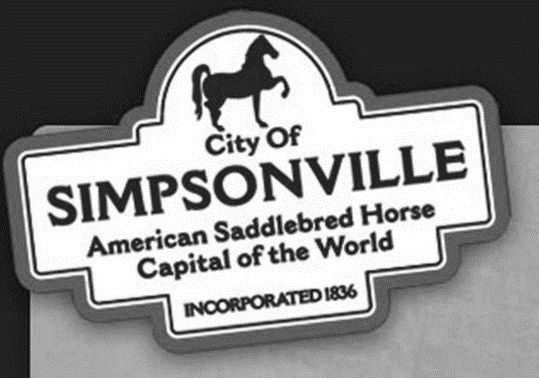
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**Simpsonville Parks & Recreation**

**Youth Scholarship Application**

The Simpsonville Parks & Recreation Department offers financial assistance to youth participants meeting the guidelines in this document. The number of scholarships is limited in some programs, depending on the space available and availability of scholarship funds.

**The maximum amount of scholarship awarded is $50 per person, per year (Jan-Dec).**

All applicants will be required to pay the balance of the fee for each program. Full scholarships are not available for any activity. Generally, scholarships will be given on a first-come / first-served basis. Applicants are required to provide proof of eligibility for financial assistance. Failure to provide this information when requested will void this application.

Scholarships help participants who want to participate in activities through Simpsonville Parks and Recreation programs and need financial assistance to complete registration.

**Check all that apply:**

( ) My child is a resident of Simpsonville, Kentucky

( ) My child qualifies for reduced price or free meals through the public school lunch program.

( ) If you do not qualify for free or reduced meals through the public school lunch program and are in need of assistance, please provide a statement of your need for your financial request and attach it to this form.

**Details about the program you are requesting a scholarship for:**

Program/ League you are requesting assistance for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**How to complete your scholarship request:**

1. Take the total program fee and subtract $50. Your contribution today is the balance.

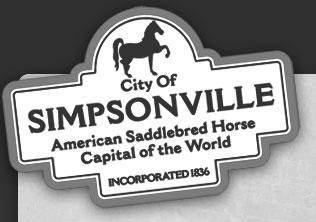
*Example: Sports league fee of $80 minus $50 is $30. Your contribution today is $30.*

1. Fill out the program registration form (below).
2. Attach the registration form and payment of your contribution to this scholarship application and submit by the program/ activity registration deadline.

**Note:** Allow 5 business days to receive a response regarding your request. If you are denied, your $30 contribution will be returned to you.

The scholarship request form, program registration form and your contribution must all be included today. Failure to provide all three items will void your request.

**Office use only: Date rcvd: \_\_\_\_\_\_\_ Approved/ denied by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Simpsonville Parks & Recreation**

**Sports &Activities Registration Form**

**FAMILY NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHONE:** (# where you want our automated phone system to contact you) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E**MAIL**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CITY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Participant(s) Name** | **Gender** | **DOB** | **Age** | **Grade** | **Shirt Size** | **Program/ League** |  | **Fee** |
|  |  | / / |  |  |  |  |  |  |
|  |  | / / |  |  |  |  |  |  |
|  |  |  |  |  |  | **Scholarship request** |  | **-$50** |
| **Release/ Waiver of Liability**    I/We the parent(s) or legal guardian(s) of the above named minor hereby give approval for participation in any and all practices, games, and other activities related to the League.    I/We understand that participation in recreational sports may result in serious injury and that protective equipment and other measures do not always prevent injuries.    I/We hereby waive, release, absolve, indemnify, defend, and agree to hold harmless the City of Simpsonville, Municipal Building Corporation, its advisory committee, Simpsonville City Officials, Agents, Employees, Representatives, Parks Board, league organizers, sponsors, supervisors, and participants from activities for any claim arising out of injury to my/our child whether the result of negligence or any other cause.    \_\_ (Check if yes) I give permission for my child’s picture (without name) to be used on the Park’s Website at cityofsimpsonvilleky.com. and in other promotional pieces. (Pictures used for promoting Park programs and events only)    Parent/ Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ | | | | | | **Include your voluntary donation to the Parks Fund:**    **$3**    **$5**    **$10**    **Other $\_\_\_\_\_\_\_** | **$** |  |
| **Total Enclosed** | **$** |  |

# Web: [www.simpsonvilleparks.com](http://www.simpsonvilleparks.com/) Phone: (502) 722-8793 Email: Simpsonvillepark@cityofsimpsonvilleky.com

**Mailing Address Drop-Off Address (8am-4pm) 24 Hour Drop-Off**

Simpsonville Parks and Recreation Simpsonville City Hall Simpsonville City Hall

P.O. Box 557 108 Old Veechdale Road 108 Old Veechdale Road

Simpsonville, KY 40067 Simpsonville, KY 40067 Simpsonville, KY 40067

(Drop box behind City Hall)

|  |
| --- |
| **OFFICIAL USE Date Paid: \_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_ Cash: \_\_\_\_ Card: \_\_\_\_ Amount: $\_\_\_\_\_\_\_ Rec’d by: \_\_\_\_\_\_\_\_\_ CC: \_\_\_\_\_ OC: \_\_\_\_\_\_ Roster: \_\_\_\_\_\_** |

## PARENT/GUARDIAN INFORMATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE#: HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please list any medical/physical problems or limitation in which your child may have of which the league and coaches should be made aware, and if so please explain:**

## PARENT/GUARDIAN’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### COACHING INFORMATION

Please consider coaching a team in the parks system this season. We always need good people that are dedicated to our great community and our children. Thank you in advance for volunteering your time.

Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(circle one)** Head Coach Assistant

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: S M L XL XXL

Phone numbers: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_