

Gene Ahner Scholarship Fund Application Form

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name				FIR	ST							
Address												
STREET		CIT	Y	STATE	ZIP CODE							
Home Phone () Email Address	Ce	ell Phone (<u>)</u>			_							
LIST ALL CHILDREN IN THE HOUSEHOLD												
Last Name, First	DOB	Grade	Last Name, F	irst	DOB	Grade						
1.			4.									
2.			5.									
3.			6.									
HOUSEHOLD MEMBERS AND List all adult household members ar from work, pensions, retirement, soci income.) Last Name, First 1. 2. 3.	nd indicate t	he amou	int of <u>ANNUAL IN</u>	ipport, alimo		other						
I certify that all of the above information is true and correct and that all income is reported. I understand this information received for the receipt of reduced fees on District programs and officials may verify the information on the application. Deliberate misrepresentation of the information on this form may subject to prosecution under applicable State and Federal Laws. Signature of adult household member completing this form Date												
Office Use Only												
Date ReceivedReceived By CHCMB, INC. Pays \$ Parent Owes \$												

REGISTRATION FORM SUNRISE RECREATION & PARK DISTRICT

THIS SECTION IS FOR STAFF USE ONLY

Credit Card #:

Cash:

☐Amex ☐Visa ☐MC CVC #:



SUNKISE RECKE	AIIU		X I AKK DISTI				RECREATI	ON & PARK DISTRICT		
SunrisePa	arks.com	•	7801 Auburn Blvd., Citr	us Heights, CA	95610 • (916	725-	1585			
Payer's Name (please print):	Home Phone:		Cell Phone:							
Address:		City:			Zip:					
Email:	Emergency Contact l	et Name:			Phone:					
Participant Name Gender DOB Activ			Activity/Class Nam	y/Class Name/School		Code		Fee		
								\$		
								\$		
								\$		
I would like to donate \$	p a child particij	pate in SRPD prog	grams	Total:	\$					
In consideration for being permitted by the District to participate in the above-referenced activity, I hereby waive, release, and discharg any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, a a result of participation in said activity. This release is intended to discharge in advance the District (including its officers, employees volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss liability, damage, cost, or expense which may arise out of or connected in any way with my participation in said activity.										
Additionally, I fully understand communicable diseases, illnesse and agree to assume any such ri	s, viruses									
VIRTUAL CLASS RELEASE: I hereby warrant and agree, that the conditions of my environment are safe, free from obstructions are suitable for participation in the above-referenced activity. I further understand and agree that any material downloaded, viewed of otherwise obtained through my participation in said activity is done at my own risk and the District is not responsible for any loss, alteration corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.										
PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age) I hereby consent that my son/daughter, participate in the above-referenced activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the District (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way with said minor's participation in said activity.										
PHOTOGRAPHY POLICY: participants for potential future by any outside party at any Dist	use. All 1	photos	will remain the property	of Sunrise Rec	reation & Park D					
CONCUSSION PROTOCOL F Concussion Information Sheet are this agreement, I understand the it and certify that I agree to abide by	e both ava	ailable e of re	for review at <u>sunriseparks</u> . cognizing and responding t	com/concussion o the signs, sym	as well as at the specifical property	Sunris iors of	e District Off a concussion	ice. By signing or head injury		
I HAVE CAREFULLY RE CONTENTS. I AM AWARE THE ABOVE DISTRICT AN	THAT 7	ГНIS	IS A RELEASE OF LIA							
Adult Participant or Pare	nt/Guar	dian (_]	print)	Signa	ture			Date		
Note: By signing this agreement, you are agreeing to relieve Sunrise Recreation & Park District of liability for personal injury; wrongful death or property damage except as may be caused by the active negligence of Sunrise Recreation & Park District, to release photo rights to Sunrise Recreation & Park District and that you have access to the District concussion information.										

Check #:

Exp:

Updated: 2/23/2022

Amount Paid: \$

Receipt #: