



## City of Peoria's Rio Vista Recreation Center Scholarship Fund

The City of Peoria, Rio Vista Recreation Center has established itself as a community resource for activities that contribute to healthier lifestyles. While designed to be as affordable as possible, there are individuals and families who are unable to participate due to financial hardship. The Rio Vista Recreation Center Scholarship Fund has been established to assist those who have a demonstrated need to access the center's amenities for up to one year.

### **Eligibility Requirements**

- Applicants must participate in a State of Arizona or Federal assistance program and attach documentation.
  - Aid to families with dependent children (AFDC)
  - Supplemental Security Income (SSI)
  - Supplemental Security Disability Insurance
  - Women, Infants, & Children (WIC)
  - Reduced Lunch Program/ Fee Lunch Program
  - Subsidized housing (HUD)
  - Department of Economic Security (DES)
  - State Foster Care Papers
- Applicants must be Peoria residents. Utility Bill required for proof of residency.
- Applicants must pay 25% of pass. The cost to be paid by the applicant every six months is: Youth-\$21.25, Young Adult-\$28.25, Adult- \$35.50, Senior- \$27, 2 Person- \$56.75, Family- \$71

### **Procedure**

**Applications will be accepted from June 1<sup>st</sup>-June 15<sup>th</sup>.. Applications will not be accepted prior to June 1 or after June 15<sup>th</sup>.**

The completed application can be turned in to the Manager on Duty or Customer Service Rep. **Attach proof of eligibility and residency. Incomplete applications will not be considered.**

**Applicants who receive funding will be contacted via email by June 21<sup>st</sup> 2019**

It is possible that there will be more applications than available funds. When completing an application, please keep the following in mind:

- Priority is given to those applicants who have a medical condition that require exercise as part of a recovery/treatment plan. A doctor's note on letterhead must be attached.

After that...

- Applications will be reviewed with priority given to earliest submission date.

### **Applicant Requirements**

Applicants who receive funding for a 6 month pass are required to complete the following in order to be **eligible to renew their 6 month pass**. Pass requirements will be reviewed at the end of each 6 month period. This process will be repeated **1 time for a total of one year**. At this time, due to limited funding, the Rio Vista Scholarship Fund will not be available for renewal after one year.

- Every member on the pass must visit the Recreation Center **a minimum of eight (8) times per month** for the length of the pass.
- Each child on the pass between the ages of 13- 14 **are required to participate in a fitness floor orientation** conducted by a certified personal trainer. Orientations are held on Thursdays at 6:4pm and Saturday's at 11:00am. Registration required.
- Applicants cannot have a past due balance with the City of Peoria Community Services department.

# RIO VISTA SCHOLARSHIP FUND APPLICATION



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Apt.: \_\_\_\_\_ City: PEORIA State: ARIZONA

Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## This application is for which type of pass?

Youth (5-18)  Adult (25-61)  Young Adult (19-24)  Senior (62+)  2 Person  Family

## Name(s) of person(s) to receive assistance (All family member must reside at the same address):

1. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F
2. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F
3. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F
4. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F
5. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F
6. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ M/F

Does any individual(s) on the pass have a medical treatment or recovery plan that requires exercise as part of the treatment?  
Yes \_\_\_\_\_ No \_\_\_\_\_ *If Yes, please attach documentation from a physician for priority consideration.*

### **Initial below:**

\_\_\_\_\_ I understand that one of the following are required for the consideration Rio Vista Scholarship Fund.

### **Check one:**

- |   |   |
|---|---|
| <input type="checkbox"/> Aid to families with dependent children (AFDC) | <input type="checkbox"/> Supplemental Security Income (SSI)       |
| <input type="checkbox"/> Supplemental Security Disability               | <input type="checkbox"/> Insurance (SSDI)                         |
| <input type="checkbox"/> Women, Infants, & Children (WIC)               | <input type="checkbox"/> Reduced Lunch Program/Free Lunch Program |
| <input type="checkbox"/> Subsidized Housing (HUD)                       | <input type="checkbox"/> Department of Economic Security (DES)    |
| <input type="checkbox"/> State Foster Care Papers                       | <input type="checkbox"/> Tax Return - Year _____                  |
| <input type="checkbox"/> Guardianship Papers                            |   |

### **Please initial in acceptance of Scholarship Policies**

\_\_\_\_\_ I understand every member on the pass must visit the Recreation Center a minimum of eight(8) times per month for the length of the pass.

\_\_\_\_\_ I understand that children between the ages of 13 – 14 are required to complete a fitness floor orientation.

\_\_\_\_\_ I understand that if, after 6 months, it is determined that I and/or others on my pass are not following through with requirements, my pass may be not be renewed for the next 6 months.

\_\_\_\_\_ I understand that the 6 month pass is renewable for no more than a total of one year.

\_\_\_\_\_ I understand that all members on the pass are required to follow Rio Vista Recreation Center policies.

\_\_\_\_\_ I have read the application requirements and agree to them.

Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Pass Holder Application Form

## RIO VISTA RECREATION CENTER SCHOLARSHIP FORM



8866-A West Thunderbird Rd. Peoria, AZ. 85381

**START DATE: July 1<sup>st</sup> 2019**

**Pass Type:**

- Peoria Resident *(Proof of Residency Required\*)*
- 6 Month Pass (participants required to pay 25% of scholarship)

STAFF USE ONLY: <b>Date/Time Received Completed App:</b>	
Initials:	
	Proof of Assistance attached
	Utility bill attached for proof of residency

- Individual Youth *Ages 5-18.*
- Individual Young Adult *Ages 19-24.*
- Individual Adult *Ages 25-61*
- 2-Person *(reside at the same address)*
- Family *(Up to 6 members who all reside at the same address.)*
- Individual Senior *Ages 62 and up.*

**Main Pass Holder Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite/Apt.: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Ph. Number: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph. Number: \_\_\_\_\_

**For 2-Person or Family Pass, Please list members: (All 18+ members must provide proof of residency and sign waiver.)**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Kids' Corner Pass (Ages 18 months-7years old)**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Resident Rate:** If where you permanently reside or live is located within the corporate limits of the City of Peoria and you pay property taxes to the City, you are eligible for the resident rate. Proof of residency is required at the time of registration.

## WAIVER OF LIABILITY

Adult 1

Adult 2

**Each adult is required to initial and sign below.**

_____	_____	I understand and I am aware that strength, flexibility and aerobic exercise, including the use of equipment and free weights, are a potentially hazardous activity.
_____	_____	I understand that fitness activity involves a risk of injury and even death and that I am voluntarily participating in these activities and using equipment with the knowledge and risk involved.
_____	_____	I certify that I have no medical or physical conditions that could interfere with my safety or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly by any such condition.
_____	_____	I understand that staff will contact emergency personnel on my behalf or on behalf of my minor child should a medical emergency arise.
_____	_____	I understand the Rio Vista Recreation Center advises patrons to consult a physician prior to beginning an exercise program.
_____	_____	I understand that <b>no person under the age of 13 may use the fitness equipment.</b> Furthermore, I understand a <b>fitness orientation is advised for all patrons and required for ages 13-14.</b>
_____	_____	I understand that <b>all children ages 18 months-7 years must be accompanied by an adult at all times or placed in the Kids' Corner.</b> I understand that Kids' Corner is included in Annual memberships only. I am aware of the Kids' Corner's <b>hours of service.</b>
_____	_____	I understand that a 16/17 year old may accompany a child 12 and under to the facility provided that the appropriate paperwork is on file.
_____	_____	I agree that failure to abide by the policies of the Rio Vista Recreation Center, including providing accurate information regarding residency, ages, and household members, can result in suspension from the facility and loss of fees.
_____	_____	I understand that the Pass Fees are non-refundable and that I am committed to the length of term chosen on this contract, early cancellation is not an option.

### **Waiver of Liability & Photo/Video Consent**

By signing, I hereby release and forever discharge the City of Peoria, an Arizona municipal corporation ("City"), its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable ("Released Parties") from any and all claims of any kind or character which I or my child have or may have against them due to my participation, or my child's participation, in programs, services or activities at the City's Rio Vista Recreation Center ("Activities"). This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during or arising out of the Activities. In that regard, I covenant to indemnify, defend, and hold harmless the Released Parties to the fullest extent permitted by law from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by the Released Parties in the event any such claims are asserted against them or any of them. I understand that medical claims and health insurance for myself and my child are my responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City or its officers, employees, or agents. I give my consent to the City to take photos/video of me and my child to be used by the City for program promotion.

### **Rio Vista Recreation Center Climbing Wall Waiver (Climbers must be 5 years of age or older.)**

I am aware that rock wall climbing includes certain risks, including but not limited to the risk of serious injury or death. I am voluntarily participating in this activity with knowledge of the dangers involved, and hereby agree to accept full responsibility for the risks involved. In consideration of being allowed to use the rock climbing wall at the Rio Vista Recreation Center, I acknowledge and agree to the following:

- **Hazards of Climbing.** Rock wall climbing is an inherently dangerous activity.
- **Climbing is Voluntary.** The use of the Rio Vista rock wall, facilities, equipment or apparatus is voluntary with complete and full understanding that such usage involves hazards and dangers.
- **Conduct.** I will obey and comply with all rules, regulations, or instructions of the Recreation Staff in charge of the wall.
- **Equipment.** Any equipment or gear that I may receive, rent, or borrow from the Rio Vista Recreation Center, I use at my own risk.

**I, as the participant(s) certify that my signature signifies that I have read, understood and agreed to be bound by the contents of the City of Peoria Waiver of Liability and Climbing Wall Waiver on behalf of myself and/or any youth listed. I am aware that by signing this agreement I am waiving certain legal rights, including the right to sue. I am voluntarily signing this agreement.**

**By signing below, Parent(s) and/or Guardian(s) acknowledge above waiver as it pertains to self and all minor children.**

1. Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
2. Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_