



Pass Holder Application Form

RIO VISTA RECREATION CENTER

SCHOLARSHIP FORM

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

START DATE: July 1st 2017

(Please indicate the date to which the pass is to be effective)

Pass Type:

- Peoria Resident Rate (*Proof of Residency Required**)
- 6 Months (25% of Membership Paid)

STAFF USE ONLY: (Please Initial when items are completed)		
Initials:	Date:	
		All Wristband /Climbing Alerts for Kids
		All Waivers initialed and signed
		Picture/Fingerprint
		Other Alerts:
		Family Scholarship Check list

Helping families in need!

The Center offers a scholarship fund for low income families which are residents of Peoria.
 Would you like to donate \$1.00 to the Rio Vista Scholarship fund? (**YES** or **NO**) (**Please Circle One**)

- Individual Youth *Ages 5-18.*
- 2-Person (*2 Adults or 1 Adult and 1 Youth.*)
- Individual Adult *Ages 19-61.*
- Family (*Up to 6 family members who all reside at the same address.*)
- Individual Senior *Ages 62 and up.*
- Young Adult *Ages 19-24*

Main Pass Holder Information:

First Name: _____ Last Name: _____

Address: _____ Suite/Apt.: _____ City: _____

State: _____ Zip Code: _____ Birth Date: _____ Gender: _____

HM: (____) _____ Cell: (____) _____ WK: (____) _____

Email: _____

Emergency Contact: _____ Relationship: _____

HM: (____) _____ Cell: (____) _____ WK: (____) _____

For 2-Person or Family Passes, Please list members: (All Adult members must provide proof of residency.)

- (1) Name: _____ Birth Date: _____ Gender: _____
- (2) Name: _____ Birth Date: _____ Gender: _____
- (3) Name: _____ Birth Date: _____ Gender: _____
- (4) Name: _____ Birth Date: _____ Gender: _____
- (5) Name: _____ Birth Date: _____ Gender: _____

Resident Rate: If where you permanently reside or live is location 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. Acceptable proof is a copy of your property tax statement showing the physical location.

WAIVER OF LIABILITY

Each adult is required to initial and sign below.

- _____ I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment and free weights, are a potentially hazardous activity.
- _____ I also 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.
- _____ Further, 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 **no person under the age of 13 may use the fitness equipment**. Furthermore, I understand a **fitness orientation is advised for all patrons and required for ages 13-14**.
- _____ I agree that I have read the Facility Policies, including Code of Conduct and understand that I and members of my account are bound by them.
- _____ I understand that **all children ages 18 months-7 years must be accompanied by an adult at all times or placed in the Kids' Corner**. I understand that **all fees** for the Kids' Corner child care room are **not included** with the Rio Vista Pass Fees and must be **purchased separately**. I am aware of the Kids' Corner's **hours of service**.
- _____ 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

I/we hereby release and forever discharge Peoria Unified School District and the City of Peoria, an Arizona municipal corporation, 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, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria recreation program at a Peoria Unified School District facility. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our 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 Peoria Unified School District and/or the City of Peoria or its officers, employees, or agents. By signing, I authorize the City of Peoria to use and/or disclose certain protected health information (PHI) about me to any state licensing agency.

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.

Adults Listed: *(if more than two adults are listed an additional waiver must be attached)*

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: _____

City of Peoria
Rio Vista Recreation Center
Scholarship Fund
(Applications accepted June 1-15th 2017)

The City of Peoria, Rio Vista Recreation Center has established itself as a community resource for activities that contribute to healthier lifestyles. Classes, fitness equipment, gymnasium, climbing wall, racquetball courts and indoor walking track are just some of the amenities that citizens of all ages utilize on an ongoing basis.

Pass fees were established to help offset annual operating expenses for the Center. 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. The Fund can be used for the purchase of any category of pass (youth, adult, senior, two person and family).

Money for the Scholarship Fund is raised through donations and fundraising activities. Tax deductible donations can be made to "Play Peoria, inc." and earmarked for the Rio Vista Recreation Center Scholarship Fund.

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 (SSDI)
- Women, Infants and Children (WIC)
- Reduced Lunch Program/Free Lunch Program
- Subsidized Housing (HUD)
- Department of Economic Security (DES)
- State Foster Care Program – child only

OR

Annual Income within Federal HUD-low-income guidelines

AND

Applicants must be Peoria residents. Proof of residency required.

AND

Pay 25% of the cost of a pass. The remaining 75% will be paid for through the scholarship fund.

Procedure

Applications will be accepted only during published time period. Check online at www.peoriaaz.gov/riovista Click on the link for the Scholarship Fund. **The 2017 funding application timeframe: June 1 – June 15. Applications must be received within this timeframe. Applications will not be accepted prior to June 1 or after June 15.**

Complete the application and hand to the Manager on Duty or Customer Service Rep. at the Rio Vista Recreation Center. Attach proof of eligibility and residency. Incomplete applications will not be considered.

Completed applications will be reviewed by Rio Vista Recreation Center's Advisory Council and the Rio Vista Recreation Manager. Those applicants who receive funding will be contacted by phone to complete the pass holder registration process.

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 requires 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. This is to be completed within the first 30 days of registration. Registration for this can be done in person or over the phone.
- Child care (ages 18mo-7yrs) is not included with the scholarship pass; please pick up price flyer at the front desk.
- Applicants must not have a past due balance with the City of Peoria Community Services department.



RIO VISTA SCHOLARSHIP FUND APPLICATION

Please complete

First Name: _____ Last Name: _____

Address: _____ Suite/Apt.: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

E-Mail: _____

Employer: _____ Phone: _____

Family members: # Adults _____ # Children _____ (All family member must reside at the same address.)

This application is for which type of pass? (Choose One)

____ Youth (5-18) ____ Adult (19+) ____ Senior (62+) ____ 2 Person ____ Family

Name(s) of person(s) to receive assistance (these are the names of the people included in your pass):

- | | | | |
|----------|---------------------|-----------|-----|
| 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 |

Are any of the above current members? Yes ____ No ____ If so, what is the expiration date? _____

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:

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

_____ I understand that children between the ages of 13 – 14 are required to complete a fitness floor orientation within 30 days of registration.

_____ 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 _____

FOR OFFICE USE ONLY

Date: _____

Type Of Documentation provided:

Total amount of assistance:

\$ _____

- ____ Aid to families with dependent children (AFDC)
- ____ Supplemental Security Income (SSI)
- ____ Supplemental Security Disability Insurance (SSDI)
- ____ Women, Infants, & Children (WIC)

- ____ Reduced Lunch Program/ Fee Lunch Program
- ____ Subsidized housing (HUD)
- ____ Department of Economic Security (DES)
- ____ State Foster Care Papers
- ____ Tax Return- Year _____
- ____ Guardianship Paper

Must have:

- ____ Proof Of Residence
 *Must attach a copy of Peoria Water Bill
- ____ Medical Documentation*If applicable

City of Peoria
Rio Vista Recreation Center
Scholarship Fund

Name: _____ Date: _____

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Initials: _____

- Childcare (ages 18-months -7-years) is not included with the scholarship pass; please pick up price flyer.

Initials: _____

- Applicants must not have a past due balance with the City of Peoria Community Services department.

Initials: _____

I have thoroughly read and understand the above requirements.

Signature: _____ **Date:** _____