

# Youth Scholarship Rate Form

Youth's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Male or Female \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Please check one**

- Food Stamps
  Hoosier Healthwise
  Medicaid

List first and second choices! We are limited on the number of scholarship participants we can enroll in a class. Any class listed **MUST** meet minimum attendance requirement before we can place a subsidized participant in class. Filling out this form does not guarantee the participant a spot in the program or guarantee the reduced rate. It is a first come first serve basis and registration is not complete until payment is made.

Class	Dates	Days	Session Time	Location	Subsidized Rate
1.					
2.					

## Release and Waiver of Claim

I, the undersigned, do hereby and for my heirs, executors, administrators, successors and assigns release, acquit and forever discharge the City of South Bend Venues Parks & Arts Department and their agents, employees, servants, successors, heirs, executors and all other persons, firms, corporations, associations or partnership of any and all claims, actions causes of action, demands, rights, damages, costs, loss of service, expenses and compensation whatsoever, which the undersigned now has or which may hereafter arise from any and all damage, resultant from any accident, casualty or event which may occur during such time or times that I, my child or ward (circle one)

\_\_\_\_\_ may participate in the class or classes listed above sponsored by the City of South Bend Venues Parks & Arts Department and operated by its employees or agents; or during such time or times that I may be in the company of any such employees' agents, carrying out their duties in the course of their official duties.

The undersigned enters into this agreement knowing the he/she waives any recourse or cause of action against the City of South Bend Venues Parks & Arts Department, their agents, employees, servants, successors, heirs, executors and all other persons, firms, corporations, associations, or partnership that he might have resulting from any bodily or personal injuries and property damage, and any consequences resulting from any incident which might occur, or be caused by the negligence or gross negligence of the City of South Bend Venues Parks & Arts Department and their agents.

The undersigned has read the foregoing Release and Waiver of Claim and fully understand(s) it.

Please Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_

**You will be contacted by the South Bend Venues Parks & Arts IF your child qualifies for the scholarship rate and if the class requested has met the minimum class requirements.**

Employees Initials \_\_\_\_\_