CITY OF OAKLAND
OFFICE OF PARKS & RECREATION
Aquatics Unit/East Oakland Sports Center
9161 Edes Avenue
Oakland, CA 94603
Phone (510) 615-5838

FINANCIAL ASSISTANCE APPLICATION

RESIDENCY IS DETERMINED ACCORDING TO ADDRESS INDICATED ON DRIVER'S LICENSE OR STATE IDENTIFICATION CARD.

1. FINANCIAL ASSISTANCE REQUEST

Activity Name	Activity #	Activity Date	Fees	Add. Fees	Total Fees
OFFICE USE ONLY		Financial Aid Awarded:			( )
				Grand Total:	

Maximum 2 swim sessions (outdoor pools) or (EOSC Indoor) scholarship awarded per participant per year based on availability.

2. CONTACT INFORMATION ☐**Male** ☐**Female** ☐ **Child** ☐ **Teen** ☐ **Adult** ☐ **Senior**

Participant/Child_____ ____/____/____ _____
First Middle Last Birth Date Age

Parent/Guardian_____
First Middle Last

Address_____
Street City State Zip

Phones (_____)_____ (_____)_____ (_____)_____ **Email**_____
Phone Work Phone Cell Phone

Ethnicity: ☐**African American** ☐**American Indian** ☐**Asian/Pacific Islander** ☐**Hispanic/Latino** ☐**Caucasian** ☐**Other** _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT I AM THE LEGAL PARENT/GUARDIAN OF THE ABOVE LISTED MINOR/CHILD

3. ANNUAL GROSS HOUSEHOLD INCOME

Check One: ☐ $0 ~ $4,999 ☐ $5,000 ~ $9,999 ☐ $10,000 ~ $19,999 ☐ $20,000 ~ $29,999
☐ $30,000 ~ $39,999 ☐ $40,000 ~ $49,999 ☐ $50,000 ~ $59,999 ☐ $60,000 +

4. SOURCE OF INCOME

Check One: ☐ Self-Employed ☐ Employed ☐ Unemployed ☐ Other

_____
_____
_____

5. PLEASE EXPLAIN YOUR FINANCIAL NEEDS

_____
_____
_____
_____

6. WHY DOES YOUR CHILD WANT TO PARTICIPATE IN THE PROGRAM

_____
_____
_____
_____

7. PLEASE PROVIDE ANY ADDITIONAL INFORMATION REGARDING YOUR REQUEST FOR ASSISTANCE

_____
_____
_____

8. PLEASE INCLUDE A PHOTO COPY OF ONE OF THE FOLLOWING DOCUMENTS, AS PROOF OF FINANCIAL ASSISTANCE:

☐ Food Stamp Card ☐ W-2 Form ☐ Pay Check Stub ☐ A.F.D.C . ☐ Unemployment ☐ Disability

- ✓ Please include a legible photocopy of a **California ID Card** or **Drivers License** as proof of Oakland Residency.
- ✓ Please remember to fill out application form completely and include required documentation.
- ✓ Financial Assistance Application forms must be submitted either in person, by fax or by mail; no request will be accepted through the phone.

Mail or Drop-in Addresses: *For all questions or concerns, please call (510) 615-5838 or OPRAquatics@oaklandnet.com*

East Oakland Sports Center
c/o Aquatic Scholarships
9161 Edes Avenue
Oakland, Ca 94603
(510) 615-5838

Oakland Parks, Recreation & Youth Development
c/o Aquatic Scholarships
250 Frank H. Ogawa Plaza, Suite 3330
Oakland, CA 94612
(510) 238-7275 (Office)
(510) 238-3817 (FAX)

- ✓ All assistance application **forms must be received 30 days prior** to the first day of the program/class/activity you are requesting.
- ✓ All applicants will be notified within in 10 ~ 14 business days of receipt of application form, by phone and/or e-mail.
- ✓ Please retain a copy of the application and supplemental information you are providing, for your records, in the event that the application form is lost in transit.

9. MEDICAL INFORMATION (for Enrollee)

Please explain any medical or special needs: ☐ Allergies ☐ Medications ☐ Physical Limitations ☐ Diet Restrictions

_____

Doctor _____ **Clinic/Office Phones (___)**_____ **(___)**_____ _ **(___)**_____
Doctor Clinic After Hours

Medical Insurance Carrier_____ **Policy #** _____

10. RELEASE WAIVER and AUTHORIZATION FOR MEDICAL TREATMENT

I understand that participation in aquatic activities entails an aspect of risk inherent in these activities. I hereby release and hold harmless the City of Oakland and the Office of Parks and Recreation, its directors officers, employees, agents, volunteers, and all other persons acting on its behalf, from any and all causes of action, liability, damage, loss, and expense, including attorney fees and court costs, whether based upon causes of action for strict liability, negligence, gross or otherwise, in connection with the participation of me or my child in any activity conducted by the Office of Parks and Recreation, whether on its premises or elsewhere. This release is made in all my legal capacities, including on my own behalf, and on the behalf of my spouse and any other parent or guardian of the enrollee, and as legal representative and guardian of the enrollee.

By signing below I confirm the listed information submitted for the financial assistance application to be true to the best of my knowledge. I understand that there are a limited number of fee waivers available to Oakland Residents and that fee waivers are not guaranteed. For financial assistance requests there are limitations to the number of individual requested activity programs available. The maximum financial assistance awarded per individual, per season is as follows: **two swimming sessions at outdoor pools or one swimming session at East Oakland Sports Center.** I further certify under penalty of perjury that all the information provided on this financial assistance application is true and correct.

This form must be signed by an adult (over age 18), either the enrollee or the legal parent or guardian.

X_____ _____
Signature of Enrollee or Parent/Guardian **Date**

REFUND POLICY: Refund amounts are set by the City Council in the City of Oakland Master Fee Schedule. The amount of your refund is determined by how late you requested the refund and the activity enrollment of facility rental for which you paid. You may be charged an administrative fee for cancellations or transfers. If you have any questions, please contact the recreation center or program coordinator.

TITLE VI COMPLIANCE AGAINST DISCRIMINATION 43CFR 17.6(b): Federal and City of Oakland regulations strictly prohibit discrimination on the basis of race, color, national origin, age handicap, gender, sexual orientation, AIDS or ARC.

ACCESSIBILITY: *It is the intent of the City of Oakland to fully comply with the Americans with Disabilities Act.* The Office of Parks and Recreation is committed to providing recreation opportunities for all people residing in Oakland. Auxiliary aids and services will be provided upon request whenever possible to people with disabilities. Please allow 2-3 weeks if you or your child needs special accommodations to participate. Direct requests for disability accommodation to the OPR Inclusive Recreation Coordinator at (510) 597-5064 or EBurton@oaklandnet.com. TDD callers please use (510) 615-5883. Please describe below special accommodations you or your child need to participate:

_____

OFFICE USE ONLY	
Please deliver/mail this application to: **East Oakland Sports Center** **c\o Aquatics Scholarships** 9161 Edes Avenue, Oakland, CA 94603 Phone (510) 615-5838	**Rec'd By:** _____**Date:** _____ **Permit Number:** _____ □ **Approved** □ **Fees $** _____ □ **Partial Fee Waiver** □ **Denied** □ **Class Code** _____ □ **Full Fee Waiver** □ **Reason/s Denied** _____