CITY OF OAKLAND
PARKS & RECREATION
Lake Merritt Boating Center
568 Bellevue Avenue
Oakland, CA 94610
www.sailoakland.com, Phone (510) 238-2196, Fax (510) 238-7199

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	Activity Fee	Amount Requested	Total Fees

Grand Total: _____

Maximum of 1 boating day camp scholarship awarded per participant per season 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 Relationship to Child

Address_____
Street City State Zip

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

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

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 Address: *For all questions or concerns, please contact the Lake Merritt Boating Center directly at (510) 238-2196*
  Lake Merritt Boating Center, 568 Bellevue Avenue, Oakland, CA 94610, Fax (510) 238-7199
- ✓ 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 ~ 15 business days of receipt of application form, by phone and/or 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. OTHER EMERGENCY CONTACT

Name_____ **Relationship** _____
First Last

Phones _____
Home Phone Work Phone Cell Phone

10. 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 hereby release and hold harmless the City of Oakland 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 Oakland Parks and Recreation, whether on its premises or elsewhere. I agree to let Oakland Parks and Recreation use my or my child's name and likeness free of charge and in any manner for any lawful purpose including in its publications and website and/or other publications for the purpose of documenting and promoting use of Oakland Parks and Recreation services and programs. 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. I hereby consent and authorize the City of Oakland Parks & Recreation staff to obtain emergency medical care for myself or my child for any injury that may result from participation in the activities of the Office of Parks & Recreation or on or about its premises. I understand that the City of Oakland Parks and Recreation do not provide medical insurance coverage for participants of this program.

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 **one Boating day camp**. 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 or facility rental for which you paid. You may be charged an administrative fee for cancellations or transfers. Please contact the recreation center or program coordinator with questions.

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.

AMERICANS WITH DISABILITIES ACT REQUESTS: Please make accommodation request at least 10 days prior to a program or event. Direct all inquiries concerning program and disability accommodation to the OPR Inclusive Recreation Coordinator at (510) 597-5064 or eburton@oaklandnet.com. VRS caller please dial (510) 615-5883.

OFFICE USE ONLY	
Please deliver/mail/fax this application to: ***City of Oakland, Office of Parks & Recreation*** **Lake Merritt Boating Center** 568 Bellevue Avenue, Oakland, CA 94610 Phone (510) 238-2196, Fax (510) 238-7199	**Rec'd By:** _____**Date:** _____ **Permit Number:** _____ □ **Approved** □ **Fees $** _____ □ **Partial Fee Waiver** □ **Full Fee Waiver** □ **Denied** □ **Reason/s Denied** _____