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The City of Sacramento Aquatics Swim Safe program offers FREE aquatics programs to people demonstrating financial need when space is available. Programs include swim lessons, swim team, junior lifeguard, and lifeguard academy. Applications with copies of required documentation must be submitted via email to the Aquatics Office by 5pm Wednesday before the program start date. Applicants will be notified by Friday before the program start date if space is available, and the participant is registered.

**Application Requirements:**

To qualify, applicants must provide copies of documentation that they currently receive assistance from any one of the following programs: WIC

EBT/CalFresh

MediCal

TANF

Free or Reduced School Lunch Program

Accepted documentation includes the name of the participant or legal guardian and the name of the qualifying program.

Completed Application form and documentation of need must be received by 5:00pm the Wednesday before the program start via email at: [aquatics@cityofsacramento.org](mailto:aquatics@cityofsacramento.org)

For more information contact:

(916) 808-2306

[www.cityofsacramento.org/Aquatics](http://www.cityofsacramento.org/Aquatics)

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## Swim Safe Scholarship Application

Applicant Information					
Participant's Name:					
Gender:	Birthdate:	Age:			
Parent/Guardian Name:					
Email address:					
Address:				State:	Zip:
Parent/Guardian Birthdate:			Contact Phone:		
Course Registration (please list three course choices in the event your top choice is unavailable)					
	Course #	Activity Name	Location	Time	Start Date
1 <sup>st</sup> Choice					
2 <sup>nd</sup> Choice					
3 <sup>rd</sup> Choice					

**Hold Harmless Agreement for Participation in City of Sacramento Programs**

**Hold Harmless Agreement:** I understand that serious accidents occasionally occur during recreation programs. Knowing the risk and in consideration of being permitted to participate in City of Sacramento recreation programs, I agree to assume all risks connected therewith. I agree to release and discharge in advance the City of Sacramento, its officers, employees and agents from any and all liability for personal injury, shall remain in effect until revoked in writing. I also assume full responsibility for the above child's behavior and agree to pay for all damages to property or person caused by the aforementioned. If a participant's behavior interferes with the program, I will be contacted. Further disciplinary problems may result in expulsion from the program.

**Refunds/Cancellations/Transfer:** The City of Sacramento reserves the right to cancel, combine or divide courses; to change the time, date or place of courses; to change the instructor; and to make other changes which become necessary to ensure a quality experience for the participants. Participants will be notified if the course is filled or canceled. Our staff will assist you in selecting another activity, registering for another course or receiving a refund. If insufficient enrollment causes an activity to be cancelled or in the event that the staff must cancel a course for which you have registered, we will contact you and offer you an option of transferring to another session or receiving a full refund check by mail in 3 weeks. No requests for refunds or transfers will be accepted after an activity has started, except in case of the participant's illness, supported by written documentation from the family physician. If you cancel or request a transfer prior to the start of the activity a \$5 processing fee per participant, per course will be assessed.

**Permission for Medical Treatment:** In case of an accident or injury, I authorize a staff member of the City of Sacramento to call the 911 emergency number. I give my consent to any medical treatment felt necessary by an attending physician for the physical wellbeing of the child mentioned above. I further understand that the responding medical emergency team will provide emergency treatment as they deem necessary for the safety and protection of my child at my expense.

**Consent to Photograph, Film or Tape:** I agree to have photographs, films, videotapes or tape recordings taken of me or minor child registered under my signature while participating in the City of Sacramento programs. I permit these photographs, films or tapes to be released to be used in publications, promotional materials, web site, and for other public information purposes by the City of Sacramento. If I do not consent staff leading the program for which I am registered must be informed of and record my non consent.

**Privacy Statement:** The information provide is accessible only by Recreation staff. Course coordinators and instructors will receive only the name, current age, address, and phone numbers of participants. Email addresses will only be used for Department correspondence related to your registration, program promotions, and upcoming events. Your information will not be shared with other agencies, departments, businesses or individuals except as required by law.

Signature	
Parent/Adult Signature:	Date:
Documentation of Need	
Aide Type Received (Copies of documents for one type must be attached):	
<ul style="list-style-type: none"> <li>WIC</li> <li>EBT/CalFresh</li> <li>MediCal</li> <li>TANF</li> <li>Free or reduced school lunch program</li> </ul>	