



# 2019 Bennett Park & Recreation District Financial Assistance Membership

Thank you for your interest in our financial assistance membership. This program is made possible by the “Bennett Gives Back” grant that was given to us, BPRD, from the Town of Bennett. This program will offer financial assistance to individuals and families who are not able to pay full fees for BPRD memberships. The purpose of the financial assistance membership is to provide memberships to all who will benefit from them, regardless of their ability to pay. All financial assistance is given on a sliding scale based on the income and information received in this application. All information is kept confidential.

To apply for financial assistance please submit the following information:

**1. Completed financial assistance application  
AND THE BELOW PROOF OF INCOME**

2. Copy of your 2018 federal income tax return. If you do not file federal income tax, please call 1-800-TAX-FORM (1-800-829-1040) for a verification for a verification of non-filing or go to IRS.gov for other info.

3. Copy of your two most current paycheck stubs OR a letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.

**OR** 4. If you are already receiving free or reduced lunches from the schools, please provide a letter from the school with proof of such benefits.

**Please mark out all social security numbers, tax ID numbers, and/or credit card numbers before submitting the required documents.**

**Applications must be submitted with all of the above paperwork to be processed. Incomplete applications cannot be processed and will not be given partial approval.** All financial assistance memberships are distributed on a case-by-case, first-come first-served basis. Please select the membership that you are applying for assistance on this application. Attached are the income qualification guidelines.

Please wait **two weeks** before calling BPRD to check on the status of your application.

We look forward to serving you!

Thank you,  
The Team at BPRD  
303-644-5040  
director@bennettrec.org



# Please complete this application thoroughly and return to BPRD.

## Part 1 – Your Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone Carrier \_\_\_\_\_  
 Emergency Contact– Name \_\_\_\_\_ Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_  
 PHYSICAL Address \_\_\_\_\_ County \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

## Part 2 – Type of Membership

**Basic Membership**

Basic membership includes daily utilization. Does not include classes or continuous pool.

**Projected Annual Cost**

	In District	Out of District
Youth 2-12	\$90.00	\$112.50
Teen 13-18	\$145.00	\$181.25
Adult	\$175.00	\$218.75
Senior 60+	\$100.00	\$125.00
Family	\$450.00	\$562.50
Couple	\$300.00	\$375.00

**Classic Membership**

Classic Memberships include land fitness classes -does not include specialty or aquatic classes.

**Projected Annual Cost**

	In District	Out of District
Adult	\$391.50	\$486.38
Senior 60+	\$316.10	\$395.13
Family	\$667.00	\$833.75
Couple	\$516.20	\$645.25

**Deluxe Membership**

Deluxe Memberships include ALL classes! Does not include specialty classes.

**Projected Annual Cost**

	In District	Out of District
Adult	\$690.00	\$862.50
Senior 60+	\$533.60	\$667.00
Family	\$884.50	\$1,105.63
Couple	\$733.70	\$917.13

Family memberships are for 2 adults and their 3 tax dependent children. Each additional child will cost \$50 more per year. Tax form must list each person on membership.

## Part 3 – Family Members IF ANY (Tax form must reflect those listed here)

Family Member First & Last Name	Date of Birth	Gender	Membership # (office use)

## Part 3

Please share why you are applying for financial assistance: \_\_\_\_\_

In your own words, please tell us how this membership best suits you and why (example-medical condition, doctors note, therapeutic). \_\_\_\_\_

## Reduced Income Guidelines

Household size	Annual	Monthly	Twice Month	Every 2 Weeks	Weekly
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546

Each additional household member adds.....

\$5,434	\$453	\$227	\$209	\$105
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## Free Income Guidelines

Household size	Annual	Monthly	Twice Month	Every 2 Weeks	Weekly
1	\$16,237	\$1,354	\$677	\$625	\$313
2	\$21,983	\$1,832	\$916	\$846	\$423
3	\$27,729	\$2,311	\$1,156	\$1,067	\$534
4	\$33,475	\$2,790	\$1,395	\$1,288	\$644
5	\$39,221	\$3,269	\$1,635	\$1,509	\$755
6	\$44,967	\$3,748	\$1,874	\$1,730	\$865
7	\$50,719	\$4,227	\$2,114	\$1,951	\$976
8	\$56,459	\$4,705	\$2,353	\$2,172	\$1,086

Each additional household member adds.....

\$7,733	\$645	\$323	\$298	\$149
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### FOR OFFICE USE ONLY

Membership Type: \_\_\_\_\_ Total Cost of Membership \$ \_\_\_\_\_

In-District \_\_\_\_\_ Out of District \_\_\_\_\_ Discount \$ \_\_\_\_\_ Final Cost \$ \_\_\_\_\_

Date Received \_\_\_\_\_ All Documents Attached \_\_\_\_\_

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/ activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Bennett Park and Recreation District including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge the Bennett Park and Recreation District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs or activities. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

**PARTICIPATION WILL BE DENIED: If the Signature and date are not completed below.**

X \_\_\_\_\_  
Signature Today's Date

**Photograph Release Authorization**

From time to time, photos will be taken of children, staff, parents, and center activities. Bennett Park and Rec center requests permission to use these photos for our Webpage, Web feeds, scrapbooks, center related video and slide presentations, marketing/promotional purposes, etc. Please complete the form below to let us know if you authorize the release of you/your child's picture for these purposes.

**Adult Photo/Video Authorization**

\_\_\_\_\_ I authorize the use of **MY photo**/video to be used by Bennett Park and Recreation District.  
\_\_\_\_\_ I do **NOT** authorize the use of **MY photo**/video to be used by Bennett Park and Recreation District.

Name of Minor Child: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Photo/Video Authorization (If applicable)**

\_\_\_\_\_ I authorize the use of **MY CHILD'S** photography/video to be used by Bennett Park and Recreation District.  
\_\_\_\_\_ I do **NOT** authorize the use of **MY CHILD'S** photography/video to be used by Bennett Park and Recreation District.

Name of Minor Child: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please see back for lap swim waiver.** →

# LAP SWIM WAIVER- 2019

Swimming under this waiver releases Bennett Park and Recreation District and BPRD Board of Directors, from any responsibility in the event of any injury incurred while swimming when lifeguard services are provided.

Swimming under this waiver is also subject to all conditions as described in the Pool Rules & Regulations. By signing this waiver, I have read, fully understand, and am responsible for complying with the Pool Rules & Regulations and Schedule.

**Minors, ages 15-17, may swim under the conditions of this waiver if their adult guardian signs this form.**

Please initial next to each statement acknowledging you have read them and will abide by the rules:

\_\_\_\_ I understand that the lap swimming is only available during scheduled lap swim times. (Please refer to schedule)

\_\_\_\_ I understand that no lifeguard will be on duty at the time I will be swimming.

\_\_\_\_ I understand that I must sign in and out for record keeping purposes.

\_\_\_\_ I understand that I am encouraged to use the "buddy system" (meaning I should not be in the pool with less than 1 other lap swimmer).

\_\_\_\_ I understand that no lap swimmer will be allowed in the pool unless BPRD has an executed waiver on file.

\_\_\_\_ I agree to assume all fiscal responsibility for medical rescue or other expenses that I may incur as a result in participating in unsupervised lap swim.

\_\_\_\_ I acknowledge that failure on my part, whether direct or indirect, to comply with these requirements and acknowledgments, shall result in the revocation of my right to use the pool for lap swimming purposes.

## **ONLY IF APPLICABLE**

\_\_\_\_ I consent to my minor child participating in lap swimming at BPRD and release BPRD from responsibility and liability in the event that my minor gets injured.

Member #1 (print): \_\_\_\_\_

Member #2 (print): \_\_\_\_\_

Member #3 (print): \_\_\_\_\_

Member #4 (print): \_\_\_\_\_

Member #5 (print): \_\_\_\_\_

Signature main membership holder: \_\_\_\_\_

Date: \_\_\_\_\_