



After School 2016-2017

WHO: 3rd – 8th Graders

WHEN: Monday - Thursday 3-6pm, Friday 12-6pm; **starting September 6th**

HOW: To register, complete both sides of this form then sign and deliver to site manager along with payment.

LOCATION: (Check one)

- Central City Recreation Center** 615 South 300 East Nimo.Samatar@slcgov.com (385) 468-1555
- Fairmont Park Cottage** 1040 East 2250 South Vanessa.Almanza@slcgov.com (801) 466-0904
- Liberty Park North Shelter** 600 East 1031 South John.Lyman@slcgov.com (801) 533-0485
- Ottinger Hall** 233 North Canyon Road Koty.Lopez@slcgov.com (801) 320-0939
- Sorenson Unity Center** 1383 S 900 W Elizabeth.Rich@slcgov.com (801) 879-9678

COST: Fees range from \$11 to \$215 per student, per month for Salt Lake City residents, based on family size and income. Fees can be paid online with a credit or debit card or in person with a check or money order.

Family Size _____ Family Total Gross (before deductions) Annual Income: \$ _____

- My child came to the United States as a refugee. I am requesting a full scholarship.
- Our family's total annual income is less than \$10,000 (any family size), we qualify for a fee of **\$11** per month.
- Our family's total annual income is less than what is listed below. We qualify for a fee of **\$38** per month.

Family Size	2	3	4	5	6	7	8
Income	\$19,192	\$24,119	\$29,046	\$33,972	\$38,899	\$43,825	\$48,752

- Our family's total annual income is less than what is listed below. We qualify for a fee of **\$81** per month.

Family Size	2	3	4	5	6	7	8
Income	\$27,313	\$34,324	\$41,334	\$48,354	\$55,356	\$65,407	\$69,378

- Our family's total annual income is less than what is listed below. We qualify for a fee of **\$134** per month.

Family Size	2	3	4	5	6	7	8
Income	\$43,976	\$49,498	\$54,970	\$59,378	\$63,143	\$68,143	\$72,550

- Our family's total annual income is less than what is listed below. We qualify for a fee of **\$161** per month.

Family Size	2	3	4	5	6	7	8
Income	\$54,970	\$61,873	\$67,800	\$74,222	\$79,732	\$85,178	\$90,688

- Our family's total annual income is more than what is listed below. We qualify for a fee of **\$215** per month.

Family Size	2	3	4	5	6	7	8
Income	\$54,970	\$61,873	\$67,800	\$74,222	\$79,732	\$85,178	\$90,688

I certify (promise) that all information on this application is true and that all income is reported. I understand that city officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted.

Signature: _____ Date: _____

Print Name: _____

OFFICE USE ONLY
Verified _____

Child Name _____ Age _____ Birth Date ____/____/____

School _____ Grade _____ Student ID # (Lunch Number) _____

Race: Asian/Pacific Islander Black/African American Caucasian/White Hispanic Native American Other

Parent Name _____ Best # (____) ____ - _____ Text # (____) ____ - _____ ALT # (____) ____ - _____

Address _____ City _____ ZIP _____

Primary Email _____ Alternate Email _____

I will make future payments online I will make payments by check or money order

My child will be picked up by 6:00pm My child may sign out and walk home.

EMERGENCY CONTACT (other than parent)

Name _____ Relationship _____ Best # (____) ____ - _____

How did you hear about YouthCity? _____ Special Needs (if any) _____

Parent or Legal Guardian must read and sign below for child to participate in YouthCity

Release & Indemnification: I hereby recognize and acknowledge that my child's participation in activities may involve bodily injury and/or emotional injury to myself and/or child. In consideration of my child being permitted to participate in such events, I for myself, my child, my heirs, my executors and administrators, hereby voluntarily and knowingly release negligence based on any injury except that caused solely by the willful misconduct of YouthCity staff, that may result from my child's participation.

Refunds: YouthCity may withhold 25% of the refund (program registration fee) for administrative costs. All refunds may be requested in person, accompanied with a written refund request. No refunds shall be given after the first day of the program.

Collections: I agree to pay Salt Lake City Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake City Attorney's Office for collection.

Emergency Treatment: I hereby authorize Salt Lake City program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will be billed for such emergency treatment.

Transportation Permission: I hereby give my permission for YouthCity personnel to transport my child or ward for field trips.

I hereby agree and voluntarily assume all risk, which may be associated with or result from my child's or ward's transportation to the YouthCity Program. I further agree to release the Salt Lake City School District, YouthCity, Salt Lake City Corporation and Salt Lake County, its agencies, departments, officers, employees' agents and all sponsors and/or officials and staff of any said entity or person, their representatives, agents' affiliates, directors, servants, volunteers and employees from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees, or harm of any kind or nature to me or my child or ward arising out of any and all activity associated with the aforementioned activities.

I have carefully read and understand the contents of this form concerning the transportation of my child or ward.

Photo Permission: I give permission for photographs and videotape recordings of my son/daughter's participation in activities with Salt Lake City to be used in promotional materials for this and other partner programs. I understand that these photos and/or videos may be used in brochures, edited video programs, online and other promotional items for informing interested parties about Salt Lake City activities.

Equal Opportunity: Salt Lake Corporation YouthCity provides equal opportunity to participants regardless of race, creed, gender or ability to pay, and will upon request, provide reasonable accommodations to individuals with disabilities.

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

By signing this document, I acknowledge that I have read its contents and disclosure, and that I agree to its terms.

PARENT SIGNATURE _____

DATE ____/____/____
mm dd yyyy