

Moorhead Parks & Recreation | Program Scholarship Application

It is our goal to remove financial barriers and create equitable access to our programs for our youth ages 17 and under. To qualify, you must be a resident of Moorhead and meet our income-based requirements. Approved Scholarships are eligible for one or two programs per youth, per brochure, depending on income eligibility in addition to a seasonal family pool pass.

Parent / Legal Guardian Information

Use a separate form for each participant.

Name (first and last): _____ Date of birth: _____ Gender: _____
Street Address: _____ City: _____
State: _____ ZIP: _____ Phone number: _____ Email: _____

Emergency Contact

Name (first and last): _____ Relationship: _____ Phone Number: _____

Income Verification Documentation - Attach either one of these documents:

- SNAP approval letter Last year's 1040 tax form

Participant Information

Name (first and last): _____ Date of birth: _____ Gender: _____

School Attending: _____ Grade: _____ T-shirt size: _____

Name 1-2 other participants your child would like to play with: _____

(Dependent on Program Type)

Please list any allergies or additional support needs: _____

Program	Session & Level	Start Date	Time	Fee

Release of Liability

All registrants MUST read and sign the waiver below before participating in any Moorhead Parks and Recreation Program. In consideration of your accepting me or my child or ward's entry, I hereby, for myself, my child or ward, my spouse, heirs, and successors or assigns, waive and release any and all rights and claims that I, my spouse, or my child or ward may have against the City of Moorhead, its servants, agents, or employees, for any and all injuries or other damages arising out of or connected with participation in the above activities. This release of liability shall also cover all other Park activities that I, my spouse, or my child or ward may register for. I further agree and consent to emergency treatment of my child or ward by a physician or hospital in the event that I cannot be reached. I also understand that Park and Recreation Department staff or their representatives may photograph participants enrolled in programs, classes or events, or enjoying park facilities. I understand that the Summer Park Program is NOT a day care structure. Participants may come and go as they please. Recreation Staff are not required to notify parents/guardians if participants choose to leave the program site.

13.57 Social Recreation Data Law Authorization (No. 2)

I hereby grant authorization for my child's name and our home phone number to be published on a team roster which will be made available to coaches, staff, team members and other individuals deemed necessary. I understand that if I choose not to sign this waiver, my child's name and phone number will not appear on any team roster but will be given to the coach and appropriate Parks and Recreation Staff.

Parent or Legal Guardian Signature

Date

