

PROGRAM SCHOLARSHIP FORM



The Fargo Park District scholarship program creates opportunities for individuals facing financial challenges to participate in a wide range of general recreation programs, including both youth and adult activities.

QUALIFICATIONS

- Current Fargo resident for 90+ days
- Household income must meet [USDA Income Eligibility Guidelines](#) OR qualify for [SNAP](#) benefits

REQUIRED DOCUMENTS:

- Completed Program Scholarship Form
- Copy of North Dakota Driver's License or State ID Card
- Valid SNAP Approval Letter or Most Recent Federal Tax Return

Scholarships can cover one or two programs per person per season (Spring/Summer or Fall/Winter), depending on income eligibility.

ELIGIBLE PROGRAMS

Y Youth

A Adult

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • Adaptive (select programs) Y A • Archery Y A • Arts & Enrichment (select programs) Y • Baseball & Tball Y • Basketball Y • Birding A • Flag Football Y | <ul style="list-style-type: none"> • Golf Lessons (1/2 of fee) Y • Hockey Skills Y • Ice Skating Lessons Y A • Nerf Wars Y • Outdoor Season Pool Pass Y A • Playtown Y • Senior Coffee & Crafts A | <ul style="list-style-type: none"> • Senior Yoga A • Sports Sampler Y • Swimming Lessons Y • Table Tennis Y A • Track & Field Y • Volleyball Y • Volleyball Camp Y |
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Name: _____ Date of Birth: _____ Gender: M F

Address: _____ City: _____ State: _____ ZIP: _____

Phone #: _____ E-mail Address: _____

PROGRAM	START DATE	DAY & TIME	LOCATION

RELEASE & INDEMNITY AGREEMENT

You must read and sign waivers below to participate in Fargo Park District programs.

The undersigned for himself and for the minors (persons under the age of 18 years) whose names appear above as registered for participation in the event or program (the Event) described on this document. In consideration of the acceptance of my registration and the participation of myself and any of the minors whose names appear above, or my children, or my wards I hereby, on my behalf and their behalf, release the Fargo Park District, its agents and employees from all claims for injuries or property damage that I or they may sustain arising out of the event. I and any such minors recognize and acknowledge that there are risks of physical injury to participants in the event both known and unknown and I agree for myself and on their behalf to assume the risks of such injuries, damages, or loss which I or they may sustain as a result of participation in the Event. I release the Fargo Park District and its agents and employees from any such claims and I agree to indemnify and hold the Fargo Park District, its agents and employees harmless from any claims by any of the minors listed above arising out of or in any way related to the event. The persons executing the Release and Indemnity Agreement above hereof understand that the event may be videotaped or photographed and agree to such images and further agree that images will be the sole property of the Fargo Park District and may be used for advertising and promotional use without notice to or consent of a participant, parent, or guardian and that any revenue derived there from shall be solely that of the Fargo Park District.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

Participant or Parent/Guardian Signature if participant is under 18 _____ Date _____

MAIL TO: Fargo Park District, Attn: Registration, 6100 38th St S, Suite A, Fargo, ND 58104 **SCAN & EMAIL TO SECURE EMAIL:** info@fargoparks.com

STOP IN: Fargo Park District, 6100 38th St S, Fargo, ND 58104, Second Floor

<p>FOR OFFICE USE ONLY</p> <p>SNAP or TANF Case #: _____ Tax Return Year: _____ Gross Wages: _____ Dependents: _____</p>
