SAFE KIDS VOLUSIA/FLAGLER COUNTIES

2019 Swimming Lesson Scholarship Application

ELIGIBILITY REQUIREMENTS

Household Size	Gross Monthly Income	Household Size	Gross Monthly Income
2	$2,818 or less	6	$5,765 or less
3	$3,555 or less	7	$6,502 or less
4	$4,292 or less	8	$7,238 or less
5	$5,028 or less		

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF SAFE KIDS VOLUSIA/FLAGLER USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ALL MEMBERS OF SAFE KIDS VOLUSIA/FLAGLER AND HALIFAX HEALTHY FAMILIES CORPORATION D/B/A HEALTHY COMMUNITIES, AND THEIR RESPECTIVE OFFICERS AND AGENTS, IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND SAFE KIDS VOLUSIA/FLAGLER AND HALIFAX HEALTHY FAMILIES CORPORATION D/B/A HEALTHY COMMUNITIES HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Parent/Guardian Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Number of People in the Household: _____ Gross Monthly Household Income: _____

Child's Name: _____ Age: _____ Sex: _____ Ethnicity _____

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Child's Name: _____ Age: _____ Sex: _____ Ethnicity _____

If you have more than six children, please attach additional page.

I certify that the children listed are residents of Volusia or Flagler counties. I further certify that the information on this application is correct and that a scholarship application has not already been submitted to this pool or any other participating pool for the children listed on this application during 2019.

Parent/Guardian Signature: _____ Date: _____

Would you like to receive information about free or low-cost health insurance for your child(ren)? ☐ Yes ☐ No

0409-0713A