

Town of Stoughton

10 Pearl Street • Stoughton, MA 02072 • (781) 341-1300 • FAX (781) 344-5048
www.stoughton-ma.gov

Stoughton Recreation Financial Aid Application

This financial aid application allows Stoughton residents to apply for a reduced rate or fee assistance for recreation programs and activities based on financial need. All applicants' personal financial information is kept confidential. Class instructors and program teachers are not informed of participant's scholarship status.

Scholarships apply to Playground Programs, Summer Sports Clinics and Ames Pond Swim Lessons

Scholarships will be provided for Stoughton residents only. Residents wishing to apply for financial aid will be asked to complete an application and provide additional financial information requested with application. We offer two options of financial aid

- **Verified Financial Need:** Applicants receiving aid from a federal, state or local agency or receiving a referral from their school or any other social service agency may be eligible to receive up to 40% off. Applicants must provide sufficient documentation of participation in an aid program with their application
- **Personal or Family Hardship:** Residents not currently receiving aid from a federal, state or local agency may be eligible to receive up to 30% off. Applicants will be asked to explain briefly why they are requesting reduced fees.

Completed applications can be mailed or dropped off in our office located at 15 Pleasant St in Stoughton. Please do not email applications as they may contain sensitive information.

You will be contacted by email or phone regarding your application as soon as possible. If approved, you will be required to make an initial payment for registration. Note: A scholarship application will not hold a reservation for any activity or program.

Town of Stoughton

10 Pearl Street • Stoughton, MA 02072 • (781) 341-1300 • FAX (781) 344-5048
www.stoughton-ma.gov

Financial Aid Application (to be completed by parent or guardian)

Applicant's Name: _____

Address: _____

Phone: _____ Email: _____

Type of Financial Aid (circle one): Verified Financial Need OR Personal or Family Hardship

Participant Name: _____ D.O.B. ____/____/____ Grade: _____

Program Name: _____ Weeks Requested: _____

Participant Name: _____ D.O.B. ____/____/____ Grade: _____

Program Name: _____ Weeks Requested: _____

Participant Name: _____ D.O.B. ____/____/____ Grade: _____

Program Name: _____ Weeks Requested: _____

Participant Name: _____ D.O.B. ____/____/____ Grade: _____

Program Name: _____ Weeks Requested: _____

Please share why you are seeking financial assistance:

Please attach documentation to this form

By signing below I give permission to authorize the Town of Stoughton to contact employers, social or government agencies, etc. to verify information on this application. I also understand that deliberate misrepresentation of information subjects the applicant to being disqualified for scholarship consideration. I hereby certify that all the information provided is true and correct to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

Print Name _____ Date: _____

TOWN OF STOUGHTON
RELEASE OF LIABILITY
PARTICIPATION IN PARK & RECREATION PROGRAM

In consideration of acceptance of _____, a minor, as a voluntary participant in the Town of Stoughton Park and Recreation program and in consideration of the risks associated with such use:

1. I acknowledge that I have determined the nature and extent of the planned activities and feel that this participant is of sufficient age, ability, and discretion to participate.
2. I acknowledge that the participant's participation in these voluntary programs may expose the participant to risks of personal injury or death resulting from such participation and the use of materials and equipment by the participant and other participants, and the exposure to harm such as may be presented by the COVID-19 virus. I am aware and acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, is extremely contagious, and is believed to be spread mainly from person-to-person contact. While the Town of Stoughton Park and Recreation department has put in place preventative measures in an effort to reduce the spread of COVID-19, I acknowledge that the Town cannot guarantee that the participant or I will not become infected with COVID-19, and I acknowledge that attending any program may increase participant's risk of contracting COVID-19.
3. I agree that this participation is at the discretion of the Stoughton Park and Recreation Department and if the participant becomes a discipline problem or if they fail to comply with the rules and regulations of the Program, he or she will be expelled from the program without refund of the program fee.
4. I hereby acknowledge and agree that I will not allow my child to attend any program or portion thereof if they are sick or are displaying symptoms of COVID-19, or any other contagious illness, or if they have been in close contact with someone displaying such symptoms. I further agree to arrange for my child to be picked up during the course of any program day if they are found to have or have come in close contact with someone with such symptoms.
5. You are solely responsible for notifying the Recreation Department of prior respiratory issues, medical conditions, allergies and other specific allergy issues of the participant.
6. I hereby grant permission for emergency medical procedures deemed advisable for the participation in the event of injury or illness during participation unless otherwise noted on this form.
7. Periodically, the Recreation Department photographs/videos program participants for promotional use. Unless the participant/guardian informs us of their desire not to be photographed, the Recreation Department will use photographs/videos for their promotional purposes.
8. I acknowledge that the Department does not provide accident or hospitalization insurance for participants of its programs. All participants are advised to have adequate personal coverage. Please consider participant's own health, experience, and tolerance for risk before participating in any program.
9. I agree that I will not sue, or otherwise make any claim against the Town of Stoughton, including its Park and Recreation Department ("the Town"), or its employees, agents, and officials, for any loss, injury or damage, including but not limited to exposure to and infection by the COVID-19 virus, resulting from participation in these activities.

10. I agree that the Town and its employees, agents, and officials, shall not be legally responsible for any loss, injury or damage resulting from any cause, including negligence of any party.
11. I agree that use of equipment which is provided is at the participant's own risk. I understand and agree that the Town shall not be liable for any loss, damage or injury resulting from the use or suitability of said equipment. The Town makes no warranties of any kind regarding this equipment.
12. To the fullest extent allowed by law, I agree to RELEASE, DISCHARGE, INDEMNIFY and HOLD HARMLESS the town, its employees, agents and officials from all actions or claims from child, myself, my heirs or personal representatives for any loss, injury, or damage, including but not limited to exposure to and infection by the COVID-19 virus, resulting from these activities, including the use of any equipment.
13. The terms of this Release shall also be binding as to any other persons, including family members, heirs, executors, or administrators. I understand that this is a binding contract that supersedes any other agreements or representations and is intended to provide a comprehensive release of liability but is not intended to assert any defenses which are prohibited by law. If any part of this Release is deemed unenforceable, all other parts shall be given full force and effect
14. I have read the Release and am legally competent to sign this Release as the parent or legal guardian of the participant.

[Rest of Page Left Intentionally Blank]

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I SIGN THIS RELEASE AGREEMENT OF MY OWN FREE WILL

Date: _____ Signature: _____

Participant Name (Please print): _____

Date of Birth: _____ Age: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____