

Lemont Park Foundation

Helping Hand Award Program Checklist

Before submitting your Helping Hand Award Program application(s) to the Park Foundation, please read and check off all items of the documents required for your application to be processed.

_____ Program Registration Form

_____ Completed Application

_____ Documentation of Financial Need as indicated on application

_____ Documentation of Residency as indicated on application

_____ Copy of the most recent Federal Income Tax Return for each member of the household



HELPING HAND AWARD APPLICATION

In order to be considered for the Lemont Park Foundation Helping Hand Award, this form, and the Lemont Park District Registration Form must be completely filled out and submitted with the required documents. *Completed forms, required documents and registration form must be returned to the Lemont Park District 16028 W. 127th Street, Lemont, Illinois 60439.*

Following the verification of the information provided on this form, applicants will be notified within 45 days of the status of their request. The Helping Hand Award program is only available to residents who live within the Lemont Park District boundaries. The Lemont Park Foundation considers all requests and takes into consideration current circumstances, **A maximum benefit of \$1,000 in funding for park district programs per family is awarded annually.**

If you have any questions or need additional information, please contact Lauren, 630-257-6787 X 3031, LRaspanti@lemontparks.org

General Information: (please note that all information is held in strict confidence)

Name: _____

Address: _____

Email: _____

Home phone: _____ Cell: _____

Participant's Name: _____

Participant's Age: _____ Grade: _____

Program Requested: _____

Amount Requested: \$ _____

What amount are you able to contribute toward the programming fee(s)? \$ _____

Why are you asking for a Helping Hand Award?

Please write a sentence or two about the circumstances which explain why your family would need and/or benefit from the Lemont Park Foundation award.



REQUIRED DOCUMENTATION:

All applicants will be required to provide proof of income, residency and family information. Helping Hand applications cannot be considered without a copy of the documents listed below. The Lemont Park Foundation may require additional documents if deemed necessary.

Evidence of Financial Need: Check ONE and attach documentation.

___ Public Aid/Medicaid Card

___ Social Security Disability Income

___ Food stamps/Link card

___ Documentation from School District 113a or School District 210 indicating eligibility for the federal free lunch program

___ Documentation from the Lemont Township office indicating eligibility for use of the food pantries

___ Documentation of Social Security Retirement benefits as sole source of household income

___ Other Financial Difficulties

Reason: _____

Documentation: _____

Proof of Residency:

___ Driver's License or State ID **AND ONE** of the following:

___ 2 Current Utility Bills

___ Property Tax Bill

___ Copy of lease or mortgage statement

Disclosures

By signing below, I acknowledge that the financial and extenuating circumstances outlined above will be kept confidential by the Lemont Park Foundation. I also understand that it is my responsibility and obligation to notify the Park Foundation of any changes in financial status. The above information is true and accurate to the best of my knowledge. Any incorrect information will automatically disqualify me from this program and will require me to reimburse the Park Foundation for any past payments.

Release of Information

I have voluntarily applied for a Helping Hand Award through the Lemont Park Foundation. If approved for the Helping Hand Award program, I will receive financial assistance to offset fees associated with registering for Park District programs. Approval for the Helping Hand Award program will require the Park District to verify the current size of my family as well as current and past financial status.

I give the Lemont Park Foundation the authority to verify any information they may require with any local, state or federal agency and/or any organization that I am currently working with or have worked with in the past.

Applicant's Signature: _____ **Date:** _____



REGISTRATION FORM

16028 127th Street, Lemont, IL 60439 • 630-257-6787
LemontParkDistrict.org

Parent/Guardian First and Last Name _____

Address _____

City _____ Zip Code _____ Home Phone _____

Cell Phone _____ Emergency Contact/Phone _____

Email _____

Please describe any accommodations needed:

Participant's First Name	Date of Birth	Grade	Program Number	Program Name	Fee

TOTAL FEE \$ _____

Cancellations/Refund Policy Lemont Park District reserves the right to cancel, postpone any classes or rentals, or combine classes as necessary. Classes may be canceled due to low enrollments. Refund requests must be submitted to The CORE desk staff in person or via phone, fax or email during normal business hours. Requests received via email after normal business hours will be dated for the next business day.

Classes, camps, athletic leagues, or programs: The cancellation deadline for a full refund is 7 days prior to the start of the class/program. After that, a \$10 processing fee for each class canceled and any other associated costs (uniforms, supplies, etc.) which have already been incurred will be deducted from the refund amount. No refunds will be issued after a class has begun. **Aquatic Center Passes:** No refunds will be issued after the first day the pool opens for the summer. **Preschool:** The Deposit Fee of \$100 is NON-REFUNDABLE. **CORE Memberships:** There are no refunds for CORE Memberships. All cancellation requests will be processed the last day of the month and future billings will not occur. **Senior Trips/Events:** A \$10 processing fee for each trip/event canceled and any other associated costs (travel, food, tickets, etc.) which have already been incurred will be deducted from the refund amount. **Medical Drops** – Prorated refunds will be issued upon receipt of a note from a doctor stating the individual can no longer participate in the program. The refund will be prorated from the date of receipt of the doctor's note. Credits or make-up classes are not available if a class is missed. If the Park District cancels a trip or program, a full refund will be issued.

YES, I would like to contribute \$ _____ to the Lemont Park Foundation Scholarship Fund.

This fund assists children who demonstrate financial need to participate in LPD programs. (Program #900013)

I have read and understand the waiver and release of information on the back of this form. My signature, or the guardian's signature if participant is under 18 years of age, is required to participate in the Lemont Park District programs. Any faxed registration forms/signatures will be considered the same as an original form.

Signature _____ Date _____

OFFICE USE ONLY

DATE RECEIVED _____ STAFF INITIALS _____ REGISTRATION & DATE PROCESSED _____

PAYMENT TYPE DESTRUCTION STAFF INITIALS AND DATE _____

CASH _____

CHECK# _____

CHARGE TYPE _____
VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS

CHARGE ACCOUNT NUMBER _____

EXP. DATE _____ CVV _____

AUTHORIZED SIGNATURE _____

Waiver and Release... Please read carefully!

The Lemont Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Lemont Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

The Lemont Park District welcomes and supports the participation of individuals with special needs in all programs, activities, and services. If any person wishing to participate in a Lemont Park District program has special needs that must be accommodated to enable participation, that person (or parent/guardian) must notify the Recreation supervisor responsible for the activity or program. The Lemont Park District will do what is reasonably possible to satisfy those needs. Please note, securing accommodations can take 10-20 business days.

Warning of Risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers, and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure of supervision, premise defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Lemont Park District to guarantee absolute safety.

Waiver & Release of All Claims & Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation vehicles when provided.) I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the Lemont Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as Lemont Park District.)

I do hereby fully release and forever discharge the Lemont Park District from any and all claims for injuries, damages or loss that my minor child/ward or I may have, or which may accrue to me or my minor child/ward and arising out of, connecting with, or in any way associated with this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward.

Any faxed registration forms/signatures will be considered the same as an original form/signature.

Participation will be denied if the signature of an adult participant or the parent/guardian are not on the front of this waiver.

Participation will be denied if the signature of an adult participant or the parent/guardian is not completed.



SMILE...

I understand that my child/ward or I may be photographed or videotaped while participating in a Lemont Park District program/activity or facility. I give permission for photos and videos of my child/ward or me to be used to promote the Lemont Park District. Photos/videos may be used on the Lemont Park District website, social media pages, in our publications and for promotional purposes. Such photos and videos will remain property of the Lemont Park District.