

Dyer Parks and Recreation Resident Financial Aid Program

To be considered for the Dyer Parks and Recreation Resident Financial Aid program, please complete this form and submit all required documentation. The Dyer Parks and Recreation Department may require additional documentation if deemed necessary at any time.

Date _____ Participant's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email Address _____

Parent/Guardian's Name _____

Required Documents

- ✓ Proof of Dyer residency required (46311 Zip Code- current utility bill or housing agreement)
- ✓ W2's and tax return for entire household income.

Please list names and ages of all individuals within the household.

NAME	AGE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please give a short reason why you are applying for financial aid:

WAIVER AND RELEASE OF ALL CLAIMS

I, the undersigned participant, or parent or guardian of a participating minor child, acknowledge the risk of personal injury, death, damage and loss associated with participation in any and all activities associated with the above program(s). I assume the full risk of personal injury, death, damage and loss associated with participation in any and all activities associated with this program(s). In consideration of the permission to participate granted to me or my child or ward, I hereby release the Town of Dyer, Lake County, Indiana, the Town of Dyer Parks & Recreation Department, and their respective officers, agents, and employees, (collectively "Dyer") from any and all actions, causes of action, damages or claims which I, my heirs, executors, administrators, or assigns, or my child's/ward's heirs, executors, administrators, or assigns, may have against Dyer for any personal injuries, death, damage, or loss resulting from, or in any way associated with, participation in this program(s).

I, the undersigned participant, or parent or guardian of a participating minor child, have read this waiver and release and fully understand the terms of same and the details of the program(s). I execute this waiver and release with the full knowledge of its terms and significance.

Signature: _____ Date: _____
(Parent or guardian, if the participant is a minor)