



Chisholm Parks & Recreation Program Scholarship

The City of Chisholm policy provides this scholarship program for families in need of financial assistance to participate in the City's recreation programs. The City of Chisholm serves public interest in an equitable manner

Who is eligible?

- All applicants must be residents of the City of Chisholm or Balkan Township
- Children 17 years and younger
- Applicants who currently have outstanding balances with the City of Chisholm are not eligible for Program Scholarships
- Funds are limited and are available on a first-come, first-served basis
- Program Scholarships are distributed as resources allow

How much assistance can my family receive?

- Each eligible family can receive up to \$100 per person per year with the family maximum of \$200 per year
- A minimum co-payment of 20% is required at the time of registration for all programs, payment plans are not available to cover the co-payment for those eligible for Program Scholarship

What programs are eligible for Scholarships?

- Scholarships are available for Youth Leagues and the Chisholm Summer Recreation Program (CSRP)

Criteria

- Funds are available to families who receive WIC, MFIP, SNAP, or free lunch in ISD #695
- A parent or guardian must complete the application form and provide proof of residency with a valid state-issued picture ID
- If for any reason applicant's child does not attend program, it is applicant's responsibility to contact the Parks and Recreation Director to communicate the change. Failure to provide notice that family is not using the scholarship allocation can result in probation or removal of scholarship allocation.



Chisholm Parks & Recreation Program Scholarship

Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Participant Name: _____ Age: _____

This scholarship will be used for the following program: _____

Program Scholarships are distributed as resources allow.

Applicant must pay a minimum co-payment of 20% of fees.

Applicant must provide supporting documentation to be considered for the scholarship:
Funds available to families that receive WIC, MFIP, SNAP and free or reduced in ISD # 695.

Applicant must provide proof of residence within the City of Chisholm or Balkan Township.

To the best of my knowledge, the information provided is accurate. I understand that misrepresenting could result in an inability to receive Chisholm Parks & Recreation scholarships in the future.

Signature of Parent / Guardian Signature

Date

Upon approval of Program Scholarship, participants will not be registered or added to any program rosters until family's 20% portion of the program is received.

FOR OFFICE USE ONLY:

Eligibility Determination: Approved Denied

If denied, indicate reason: Incomplete Application Other: _____

Comments: _____

City of Chisholm Staff Signature/Title

Date



2024 CHISHOLM SUMMER RECREATION PROGRAM (CSRP) POLICIES & REGISTRATION

CSRP begins on **June 17, 2024** at the Chisholm Curling Club and ends on **August 31, 2024**. The program is open Mondays through Thursdays from 9:00AM - 4:00PM (aside of holiday weeks.)
CSRP will be closed June 19 and July 4.

CSRP offers recreational activities, field trips, and crafts for youth entering 2nd grade and up. Weekly activity calendars are available at the Curling Club or on the City of Chisholm's Web Site ci.chisholm.mn.us under *Parks & Recreation*. **Additional: Participants must provide their own lunch, snacks and refillable water bottle.**

REGISTRATION & FEES: Checks made payable to: **City of Chisholm** "Early Bird" registration fees are \$75 if purchased by 4:00PM, by June 7, 2024. registration increases to \$85 on June 8, 2024.

Once the program begins, you must register at the Curling Club. Day passes are available for \$15.00. Registration fees are non-refundable.

PROGRAM POLICIES

1. CSRP Registration / Release of Liability Waiver (forms) and paid fees must be completed before participating.
2. Participants must sign in or out daily when entering or leaving CSRP and **include their destination**. **Each participant must be able to perform this task.** Participants are limited to signing in and out two times a day.
3. All youth participating in field trips must have the attached bus permission slip completed.
4. Participants must leave the program each day by 4:00PM. If an emergency arises and you are unable to pick-up your child by 4:00PM, please call the Curling Club at 218-966-3348.
5. Any participant damaging any property or equipment is responsible for its repairs or replacement.
6. Participants are required to wear gym shoes and no gum is allowed for safety reasons.
7. CSRP is not responsible for any lost, broken or stolen property.
8. There is zero tolerance for bullying, inappropriate language, smoking, use of alcohol, drugs or weapons.
9. All participants who become a disciplinary problem, or who put others at risk, or do not adhere to the Program Policies will be subject to disciplinary action and possible removal from CSRP.
10. **CSRP may need to close due to dangerous weather conditions. Notifications of closure will be posted on the door of the Curling Club, City Web Site under Recreation, and on the Chisholm Parks, Trails, & Recreation Facebook Page.**

****No refunds are issued after registering and no refunds will be issued if CSRP needs to close.**



**CHISHOLM SUMMER RECREATION PROGRAM
PARTICIPANT INFORMATION**

ALL PARTICIPANTS MUST HAVE COMPLETED FIRST GRADE

Participant's Name (Please print) _____ Grade Completed _____ Age _____

Printed Name (Parent/guardian) _____ Signature (Parent/guardian) _____ Date _____

Address and City, State, ZIP _____ Email Address _____

Parent 1 Cell Phone (name) _____ Parent 2 Cell Phone (name) _____ Work or Home Phone (please indicate) _____

Emergency Contact if other than parent/guardian. _____
Name _____ Phone _____

Please note any health-related problems your child may have. _____

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BUS REGISTRATION (must sign to attend field trips)

I am allowing my son/daughter _____ (name) _____ (age) to participate in the
bussing services provided by the CSRP and Community Education.

Date _____
Signature (Parent/guardian) _____

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PHOTO RELEASE

I am allowing my son/daughter _____ (name) _____ (age) to be
occasionally photographed and published for the purpose of the CSRP Public Relations.

Date _____
Signature (Parent/guardian) _____

There are no refunds for registration fees.

Call the Parks & Recreation Department with any questions at 218-254-7909.



**CHISHOLM PARKS, TRAILS, AND RECREATION DEPARTMENT
CHISHOLM SUMMER RECREATION PROGRAM (CSRP)
PARENTAL CONSENT/RELEASE OF LIABILITY**

I/we, the undersigned, hereby certify that I/we are the parent or legal guardian of the minor participant named and identified herein (hereinafter “the participant”). I/we further certify that the participant is physically capable of participating in the activities undertaken in association with participation with the programs offered by the Chisholm Parks and Recreation Department/City of Chisholm (hereinafter CPRD) and all related activities.

I/we hereby give permission for the staff or agents of CPRD to seek appropriate medical treatment for the participant during the period of any activities wherein the participant is under the direction/supervision of CPRD or any staff member, agent, or contractor thereof, and for the participant to receive medical attention in the event of an accident, injury, disease or illness. By signing this consent and release I/we acknowledge that I/we are responsible for all costs of medical attention so provided.

By signing this consent and release I acknowledge that I/we understand that the primary activities undertaken by CPRD involve instruction and participation in the Chisholm Summer Recreation Program. As with the participation in any other sport or activity, there exists a certain inherent risk arising from not only the nature of the game, but also from the participation of others in the games and activities. I/we on behalf of myself/ourselves and the participant named herein, knowingly, and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants

Further, as a condition to participation in the programs/activities of CPRD I/we, for ourselves individually and on behalf of the participant, our heirs, executors, and administrators, hereby waive, release and forever discharge CPRD its governing board, directors, officers, agents, consultants, employees, independent contractors and volunteers, (collectively, the “Released Parties”), from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, personal injury, disease, illness or property damage that may be sustained or occur during participation in (including periods of rest or other activities related to), associated with any activities undertaken pursuant to participation in the programs of CPRD and/or any duties or the breach of any duties that the Released Parties have or are alleged to have to the participant or the undersigned in connection with the participant’s transportation to, transportation from, participation, lodging, meals and medical decisions relating to the heretofore referenced activities, whether or not such damages, injury or loss is due to the negligence, strict liability or other legal fault of one or more of the Released Parties.

Please sign and date this waiver and print your child’s name. This form must be completed for your child to take part in any activities conducted by the Chisholm Parks and Recreation Department.

Parent or Legal Guardian (Sign): _____ Date: _____

Parent or Legal Guardian (print name): _____

Child’s name (print name): _____