

Silliman Activity and Family Aquatic Center 6800 Mowry Avenue, Newark, CA 94560, 510-578-4620, www.newark.org

**\*Family Summer Season Scholarship Membership Form**

All approved youth scholarship applicants are eligible to receive a Free Summer Season Scholarship Family Membership for up to 2 adults and up to 6 children 17 and under. Pass valid: June 2025 - July 2025 only.

If you would like to receive the Free Scholarship Family Membership, please fill in the below information and bring this form to the Silliman Front Desk for processing. All Scholarship Memberships will be seasonal and only valid June 1, 2025 - July 31, 2025.

**Family Membership includes:** Recreation Swim, Water Walking, Lap Swim (with reservation), use of the Fitness Center (Ages 12 and up) and Open Gym Basketball (Availability is posted weekly on Facebook and Instagram). Check current facility hours at the Silliman Front Desk.

**\*A Scholarship Application must be submitted with this form.**

**Free Summer Season Scholarship Family Membership Application**

Please issue a Free Summer Season Scholarship Family Membership and include the below listed immediate family members on pass:

Parent/Guardian 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Parent/Guardian 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Youth 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Youth 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Youth 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Youth 4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

The information provided is true and correct and the eligibility criterion has been met. Any falsification of information will be cause for immediate and automatic disqualification from this program.

Annual Liability Waiver: Release of Liability: I understand that my (or my minor child's/ward's) participation in any City activity is voluntary. Further, I understand that participation can be a hazardous activity. I agree that neither I, my successors, assigns, nor anyone acting on my behalf will hold the City of Newark, its officers, agents, employees, or volunteers liable for any injury, accident, or illness arising out of my (my minor child's/ward's) voluntary participation. The novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. The City of Newark has declared a local emergency and the State of California has declared a state of emergency due to the COVID-19 pandemic. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact, through touched surfaces, and in airborne particles. I fully understand that my [participation/attendance] [in the event/at the City of Newark facility] exposes me to the risk of being exposed to or infected by COVID-19. I hereby acknowledge the contagious nature of COVID-19, that exposure or infection to COVID-19 may result in personal injury, illness, permanent disability, or death, and that I am voluntarily [participating in this activity/attending this facility] and agree to assume such risks. I hereby release the City of Newark, its officers, agents, employees, or volunteers from and against all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my (my minor child's/ward's) participation in the program/activity or any illness/injury resulting there from, and hereby agree to any and all such claims, whether caused by negligence or otherwise. I further understand that the City of Newark is not responsible for Workers Compensation benefits as a result of any injury or illness due to my (my minor child's/ward's) voluntary participation in this activity. The City of Newark reserves the right to photograph and film facilities, activities, and program participants for potential use in our marketing efforts, which may include, but is not limited to, brochures, flyers, social media and the City's website. All marketing materials will remain the property of the City of Newark.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY: Processed by (Staff Name): \_\_\_\_\_ Date: \_\_\_\_\_