



Would you like to register your child(ren) for swim lessons?

Yes \_\_\_\_\_

No \_\_\_\_\_

**Application Instructions**

1. Complete entire application – ALL information is required.
2. Applicants must provide proof of need.

**INFORMATION ABOUT ADULTS IN HOUSEHOLD: (Please print.)**

Adult: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**INFORMATION ON DEPENDENT CHILDREN IN HOUSEHOLD: (Please print, continue on back if needed.)**

**Note that a family can receive a maximum of three passes.**

Child:	First	Last	Sex	Age	Relationship to Adult
1					
2					
3					
4					

Sponsored pool passes are awarded on the basis of need without regard to race, color, handicap, sex, sexual identification, age or national origin. All information other than name is requested for demographic purposes.

**PROOF OF NEED VERIFIED BY: (Check the form provided to SPF)**

☐ WA State medical card

☐ DSHS award

☐ Food Stamp Card

☐ Free/reduced lunch letter

☐ Other letter of approval from TANF

**CERTIFICATION OF YOUTH PASS/VOUCHER DISTRIBUTED:**

I certify that I have received pool pass(es) numbered from \_\_\_\_\_ to \_\_\_\_\_. Further, I certify that the information given on this application is current and complete. By signing I give permission to the Spokane Parks Foundation to photograph/videotape me and/or my child(ren) for use in various forms of media to promote the Spokane Parks Foundation and the Make A Splash In A Kid's Life program.

Print Name: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Staff/Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_