



Pico Rivera
Parks and Recreation

recreation@pico-rivera.org
(562) 801-4430

6767 Passons Blvd.
Pico Rivera, CA 90660

APPLICATION FORM

Please print clearly and sign below

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

_____ *City* _____ *State* _____ *Zip Code*

EMAIL: _____

PARTICIPANT NAME: _____

PARTICIPANT DATE OF BIRTH: _____ **PARTICIPANT GRADE:** _____

Please mark one organization to participate in:

- Pico Boys Baseball League
- Pico Rivera Baseball Academy
- Pico Rivera PONY Baseball
- Rivera Baseball Association (RBA)
- Pico Rivera Girls Fastpitch
- Pico Rivera Dons & Donnas
- AYSO Region 603
- City Recreational Program: _____

| <input checked="" type="checkbox"/> | Household Size | Very Low Income Limits | Low Income Limits |
|-------------------------------------|----------------|------------------------|-------------------|
| <input type="checkbox"/> | 2 | \$47,650 | \$76,250 |
| <input type="checkbox"/> | 3 | \$53,600 | \$85,800 |
| <input type="checkbox"/> | 4 | \$59,550 | \$95,300 |
| <input type="checkbox"/> | 5 | \$64,350 | \$102,950 |
| <input type="checkbox"/> | 6 | \$69,100 | \$110,550 |
| <input type="checkbox"/> | 7 | \$73,850 | \$118,200 |
| <input type="checkbox"/> | 8 | \$78,650 | \$125,800 |

Certification, Acknowledgement and Consent - I hereby certify to the City of Pico Rivera that all household members listed above reside at the address provided above and that the information and documentation (collectively, the "Information") I have provided to the City in respect to this application is accurate, complete and fully discloses the collective income of all family members listed above. As the primary applicant, I hereby acknowledge that it is my responsibility to inform all household members listed above about the program and conditions of its use. Further, I hereby give consent to the City to collect, store and access the information and to take steps to verify that the information is true and accurate for the purpose of assessing my application. I am aware that if any of the Information that I have provided is fraudulent, I may be subject to termination from the Recreation Fee Subsidy Program and repayment of the subsidized portion of fees to the City of Pico Rivera.

PARENT SIGNATURE: _____ **DATE:** _____

| DEPARTMENTAL USE | | |
|---|--|---|
| <input type="checkbox"/> Proof of Residency | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Income Eligibility |
| Received by: _____ | Date: _____ | |
| Verified by: _____ | Date: _____ | |



PicoRiveraCity

cityofPicoRivera

cityofPicoRivera