



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	Low Income Limits
<input type="checkbox"/>	2	\$76,250
<input type="checkbox"/>	3	\$85,800
<input type="checkbox"/>	4	\$95,300
<input type="checkbox"/>	5	\$102,950
<input type="checkbox"/>	6	\$110,550
<input type="checkbox"/>	7	\$118,200
<input type="checkbox"/>	8	\$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

___ Proof of Residency ___ Birth Certificate ___ Income Eligibility \$ _____ ___ HH Size

Received by: _____ Date: _____

Verified by: _____ Date: _____



PicoRiveraCity

cityofPicoRivera

cityofPicoRivera