



Office Use Only	
Approved	Disapproved
Start Date:	_____
Amount Member:	_____
Amount Club:	_____

Scholarship Program

River Falls Gymnastics Club (RFGC) wants **all** children to enjoy the benefits of a healthy, active lifestyle. We believe that gymnastics is a great way to enjoy physical activity in a fun and rewarding environment.

Our Club offers a unique program in which children, who may otherwise be unable to participate in our programs, may attend classes. Our scholarship program provides a limited number of **partial scholarships** to qualifying families who attend, or plan to attend classes at RFGC.

- RFGC will use the same criteria used in the Free and Reduced Lunch Program and will require proof of enrollment or the equivalent for families with children too young for school.
- RFGC will review scholarships in the order in which they are received. Only completed Scholarship forms will be considered.
- **All applicants must sign-up to help the club in at least one of the volunteer categories listed. If you believe you may have another way to contribute that is not listed, please feel free to attach a note or write it in the space provided.**
- Students receiving scholarships MAY NOT take more than one class per session, or participate in private lessons or open gyms. The only exception would be children who wish to use monetary gifts given to them or free open gym passes. Please contact our office to notify us.
- A child missing more than 2 classes within a session without notifying the club office will automatically be dropped from the Scholarship Program. If the child is sick, or there are other extenuating circumstances, please let us know. Your child is eligible for one make-up per session (a free open gym pass is not an option for families on scholarship).
- Each scholarship is available for one year. Funds cannot be carried over into the next year; applicant will be required to re-apply each year for re-evaluation.
- If your situation changes and you are no longer in need of your scholarship or do not wish to continue at RFGC, please let us know three weeks prior to the start of the next session. We may have qualified children on our Scholarship Program waiting list.

Please return the completed Scholarship Form to the office or mail to
RFGC, PO Box 285, River Falls, WI 54022

Please contact our Director for any questions concerning our scholarship program:

info@riverfallsgymnastics.com

(715) 425-6007

Scholarship Program Application

Scholarship Applicants:

Each family who wishes receive a scholarship must apply or reapply each year. No child receiving a scholarship may start classes at the reduced cost until his/her scholarship has been approved in writing.

Scholarships cover a portion of the cost of tuition, any remaining balance is to be paid prior to the start of the first class or students will not be able to participate. If you are unable to pay the remaining balance in one lump sum you must contact the office to arrange a payment plan. If you do not fulfill your payment agreement your child will not be allowed to continue to participate.

The following information is required to apply for scholarship assistance. All information will be kept confidential. Scholarships will be granted on the basis of financial need, desire, recommendations and/or referrals and availability.

The RFGC Board of Directors and Director reserve the right to confirm any or all information provided below. To ensure accuracy, please take your time filling out this application.

Child's Name: _____ Birthdate: _____ Gender: M or F

Class Level: _____ Day/Time Preference: _____

Child's Name: _____ Birthdate: _____ Gender: M or F

Class Level: _____ Day/Time Preference: _____

Child's Name: _____ Birthdate: _____ Gender: M or F

Class Level: _____ Day/Time Preference: _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address: _____ Phone: _____

Email: _____

Reason for wanting to enroll your child in gymnastics:

You will be expected to complete volunteer hours as part of the scholarship program. Specific number of hours required will be communicated to you by RFGC Staff. Volunteer hours are required to be completed during the scholarship year.

Please check **at least one** way in which you will volunteer:

_____ Cleaning _____ Fundraising (many tasks available) _____ Extravaganza (Spring Session)

_____ Administrative Tasks _____ Other (please list): _____

A volunteer coordinator will contact you to set up a schedule.

In signing this form, I certify that all the above information is correct and agree to the terms of the scholarship program. I understand that this information may be verified by RFGC. I understand how the scholarship program works and the importance of my child attending class each week. If my child must miss class, I will contact the office as soon as possible. I further agree that if my child no longer wishes to participate in classes or my financial situation changes, I will notify the Director so another child may take advantage of the scholarship program.

Signature of _____
Parent/Guardian _____ Date _____

****Please remember to attach proof of Free and Reduced Lunch enrollment or the equivalent to this completed form.****

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Date Received: _____

Completed: Yes No

Date Reviewed: _____

Notified: _____

Date: _____

Date Approved: _____

Date Denied: _____

Center Responsible for: \$ _____

Member Responsible for : \$ _____

River Falls Gymnastics Club Release and Waiver of Liability Agreement

In consideration for programs and activities of the River Falls Gymnastics Club (RFGC) for any purpose, including, but not limited to volunteering, observation, coaching or use of the facilities or equipment, or participation in any off-site program affiliated with RFGC, the undersigned, for himself or herself and personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the RFGC for observation, coaching, volunteering or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, coaching, volunteering use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER RFGC FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO VOLUNTEERING, OBSERVATION, COACHING, USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH RFGC, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HERBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE RFGC and all branch thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") liability to the undersigned, his personal representatives, assigns, heirs, and of kin for any loss or damages, and any claim or demands thereof on account of injury to the person or property resulting in death of the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with RFGC.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned, in upon or about RFGC premises or in any way volunteering, observing, coaching or using any facilities or equipment of RFC or participating in any program affiliated with RFGC whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of releasee or otherwise while in about or upon the premises of RFGC and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with RFGC.
4. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING CONFIDENTIALITY AGREEMENT: the undersigned may be given access to confidential and/or proprietary information while volunteering, coaching, observing or participating. The undersigned shall not, at any time either during or subsequent to their involvement with RFGC, make unauthorized disclosures or unauthorized use of any information that is considered to be proprietary or confidential.

THE UNDERSIGNED further expressly agrees that foregoing RELEASE AND WAIVER AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OR LIABILITY AGREEMENT, and further agrees that no oral representation, statements or inducement apart from foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Signature of Applicant: _____ Date: _____

Print Name: _____