

Wheat Ridge Recreation Center
4005 Kipling St.
Wheat Ridge, CO 80033
(303) 231-1300



Recreation Fee Discount Program

The City of Wheat Ridge Parks and Recreation Fee Discount Program provides up to a 50% discount on various programs offered throughout the department to qualifying individuals.

Discounts are available for punch pass and annual pass purchases based on eligibility. Discounts do not apply to daily drop-in fees. Discounts are also available on class fees for Wheat Ridge Residents only. Eligibility for a fee discount on classes requires that individuals currently reside in the City of Wheat Ridge. **There are no residency requirements for discounts on Recreation Center punch cards or annual passes.**

Participants in the following assistance programs are eligible for the discounts below:

50% Discount:

- . Food Stamps
- . LEAP - Low Income Energy Assistance Program
- . Medicaid

25% Discount:

- . WIC - Women, Infants and Children Supplemental Food Program
- . SSI - Social Security Supplemental Income
- . SSDI - Social Security Disability Income
- . HCP - Health Care Program for Children with Special Needs
- . HUD - Jefferson County Housing Authority
- . Colorado Child Health Plan
- . CICP - Colorado Indigent Care Plan (formerly Colorado Resident Discount Plan)
- . TANF - Temporary Assistance for Needy Families (formerly AFDC)

Families are eligible for one discount plan. Applications will be kept on file for one year during which time you will qualify for the discount.

To register for a class through the discount program, you must be a resident of the City of Wheat Ridge. Proof of residency in the form of a driver's license and a car registration or utility bill and proof of the specific program in which you participate are required at the time of registration.

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**RECREATION FEE DISCOUNT PROGRAM
Application**

Date _____

Head of Household _____

Address _____

City _____ Zip _____

Home Phone _____ Birthdate _____

Number of Members in Family _____

Qualifying Program _____

Family Members Names (first and last)	Birthdate
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Classes or passes applied	Date
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_____	_____
_____	_____
_____	_____
_____	_____

Wheat Ridge Recreation Center Pass/I.D. Application



Residency Verification -(office use)

two forms required for pass holders 18 years and older

Household Adult #1

- drivers license, plus one of the following:
- car registration
- voter registration
- utility bill
- other

Household Adult #2

- drivers license, plus one of the following:
- car registration
- voter registration
- utility bill
- other

Household Adult #3

- drivers license, plus one of the following:
- car registration
- voter registration
- utility bill
- other

PLEASE PRINT

Household Information:

Expiration Date: _____
(ID - 2 years from purchase, Punch- 2 years, Annual - 1 year)

Name _____ Pass Type _____
(Parent/guardian/head of household/organization)

Home Phone _____ Work Phone _____

Address _____ City _____ ZIP _____

Date of Birth _____ Email address: _____

Names of family members to be issued a family pass or child/youth name to be issued a punch card or child/youth annual pass or names to purchase ID's.

	<u>Name</u>	<u>Date of Birth</u>	<u>Pass Type</u> (Office Use)	<u>Fee</u> (Office Use)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Annual Passes are non-refundable.

Liability Waiver, Release, and Indemnification: I, the undersigned, and as parent or guardian, on behalf of ourselves and our respective heirs, assigns, successors-in-interest, executors and administrators, voluntarily and knowingly waive, release, indemnify and hold harmless the City, its officers, employees, agents and assigns from any and all claims, injuries, damages or losses, of whatever kind, nature or amount, suffered by me, my property, or my family members at the Center. I recognize that activities and services may result in injury, death, or damage to myself, my property, or to others, including but not limited to injuries caused by negligence and/or the actions or omissions of the City or of third parties (for example and not by way of limitation: falls, contact with other persons, injuries relating to equipment or the condition of the center), all such risks being known and appreciated by me.

I understand I am waiving any right to bring or have brought on my/our behalf any such claims or lawsuits against the City by signing this form.

Signature _____

Date _____