



## Mecca Pool Application Instructions

This application is being used to verify applicants’ eligibility to receive scholarship for **Operation Splash**, a grant funded program offered through Kaiser Permanente’s “Healthy Eating, Active Living” Program. Any child receiving a free and reduced lunch is automatically qualified for the program.

**Operation Splash** is designed to provide aquatic programming to children in order to increase physical activity during the summer months. Each qualified applicant is eligible for **ONE session of FREE Swim Lessons.**

Please follow the instructions below to ensure timely processing of your application:

**Step 1** – Each Participant/Child must complete a separate application (**Pages 2 to 3**).

**Step 2** – Please provide all of the contact information requested on the application, if any contact information is incorrect we will not be able to contact you.

**Step 3** – Please fill out **Additional Household Information** form on **Page 4** if Participant/Child does not qualify for **Free and Reduced Lunch Program**.

**Step 4** – Complete Participant Program Waiver on Pages 5 – 7. The waiver is **REQUIRED** and must be filled out **COMPLETELY**.

**Step 5** – Return Completed Application to one of the following locations for processing:

<b>DRD Administration Office</b>	<b>Mecca Community Center</b>	<b>North Shore Beach &amp; Yacht Club</b>
45-305 Oasis Street	65-250 Coahuilla Street	99-155 Sea View Dr.
Indio CA, 92201	Mecca, CA 92254	North Shore, CA 92254
(760) 347-3484	(760) 396-0257	(760) 393-0602
Mon – Fri 10am-4pm	Mon - Thur 9am – 1pm	Mon - Fri 8am – 12pm & 5pm – 9pm

All applications not completed as specified will be disqualified. Application processing will take approximately 5 days upon receipt to process applicants’ information and verify income. We will notify each participant of their swim lesson start date and time.

**APPLICATION DEADLINE IS MAY 31, 2019 AT 5 P.M.**

### **IMPORTANT – SAVE THE DATE – IMPORTANT**

## **Operation Splash Kick OFF**

**Saturday, June 8, 2019 @ 9 a.m. – 12 noon**

**Bagdouma Pool  
84-599 Avenue 52  
Coachella, CA 92236**

All Operation Splash Grant Recipients Must Attend to Receive  
and/or Confirm Their Swim Lesson Details.  
Family and friends are Welcome to attend the Kick-off and enjoy Open Swim!

**APPLICATION DEADLINE IS MAY 31, 2019 AT 5 P.M.**



## Mecca Pool Application

**Please Print**

Participant’s Name: \_\_\_\_\_ Telephone (required): \_\_\_\_\_

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

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participants Date of Birth: \_\_\_\_\_

**ALL INFORMATION WILL BE VERIFIED.** Primary eligibility is determined by applicant’s participation in the **Free and Reduced Lunch Program** offered through the local School Districts. Other income verification can be used upon request. Please call 760.775.1945 for more information. Single session of swim lessons will be available at **NO COST**.  
**ALL INFORMATION PROVIDED IS CONFIDENTIAL AND SUBJECT TO VERIFICATION**

**Does Participant qualify for his/hers school’s Free and Reduced Lunch Program?**

- Yes (School Verification Required. Please have a School Staff Member fill out section below)
- No (please fill out page 4 of application and provide approved documentation of income)

School District: \_\_\_\_\_ School Name: \_\_\_\_\_

School Phone #: \_\_\_\_\_ Verified by (Please Print): \_\_\_\_\_ Initial: \_\_\_\_\_

Date of Verification: \_\_\_\_\_

To Be Filled Out By School Staff Member

**Program or Activity Being Applied for:**

- Swim Lessons** (Select from Page 3)

Please select desired Swim Lesson from Page 3.  
Provide **5** choices in order of preference from **1 to 5**

*Note: Each participant is only eligible for 1 session of swim lessons, and they are not guaranteed their first choice. DRD will do its best to put each participant in the swim class desired.*

(For Detailed Descriptions of Levels, See Page 8)

**Application Received On (DRD Use Only)**

- Approved**     **Declined**

**APPLICANT STATEMENT:** I hereby certify that the information on this form is accurate and complete. I understand that this self-certification may be subject to further verification by the agency providing the services, or Kaiser Permanente. I, therefore, authorize such verification and I will provide supporting documents, if necessary.

\_\_\_\_\_  
Adult/Guardian Signature

\_\_\_\_\_  
Adult/Guardian Print Name

\_\_\_\_\_  
Date



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<b>X</b>	<b>Activity Name</b>	<b>#</b>	<b>Start Time</b>
	<b>Guppies</b>		<b>4:00pm</b>
			<b>5:00pm</b>
			<b>6:00pm</b>
	<b>Penguins 1</b>		<b>4:00pm</b>
			<b>5:00pm</b>
	<b>Penguins 2</b>		<b>5:00pm</b>
			<b>6:00pm</b>
	<b>Stingrays</b>		<b>4:00pm</b>
			<b>5:00pm</b>
			<b>6:00pm</b>
	<b>Barracudas</b>		<b>4:00pm</b>
			<b>6:00pm</b>



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### Additional Household Information

Required for Individuals **Not** Participating in Free and Reduced Lunch Program

**FAMILY SIZE** (check ONLY one): 1  2  3  4  5  6  7  8

**FAMILY INCOME:** My current family yearly income from all sources is: \$ \_\_\_\_\_

**Note:** Family income means the total income of all persons living in the same household who are related by birth, marriage or adoption and are benefiting from the income.

Information on annual family income is required to determine eligibility for services funded with Kaiser Permanente Foundation funds. Each participant must indicate the number of persons in their household, and provide proof showing the amounts of annual family income.

To accurately determine your **household income** you must include the income of all persons residing in your home from all sources. Determine the amount of income in each category enter the amount(s) on the check or benefit statement.

**Proof of Income received:**  Yes  No **Verified by:** \_\_\_\_\_  
Please Print Name (DRD Team Member Only)

<b>Approved Documents for Income Verification</b> <i>(Please select all that apply and attach copies of each)</i>	
_____	<b>2 Current Pay Stubs</b>
_____	<b>2019 W-2 or Tax Returns</b>
_____	<b>Unemployment and or Worker’s Compensation</b>
_____	<b>Social Security</b>
_____	<b>Child Support or Alimony Checks</b>

Riverside County, California										
FY 2018 Income Limit Area	Median Income	FY 2018 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Riverside County	\$63,200	<b>Extremely Low (30%) Income Limits</b>	\$ 14,150	\$ 16,460	\$ 20,780	<b>\$ 25,100</b>	\$ 29,420	\$ 33,740	\$ 38,060	\$ 42,380
		<b>Very Low (50%) Income Limits</b>	\$ 23,600	\$ 27,000	\$ 30,350	<b>\$ 33,700</b>	\$ 36,400	\$ 39,100	\$ 41,800	\$ 44,500
		<b>Low (80%) Income Limits</b>	\$ 37,750	\$ 43,150	\$ 48,550	<b>\$ 53,900</b>	\$ 58,250	\$ 62,550	\$ 66,850	\$ 71,150

Income limits area are based on FY 2018 Fair Market Rent (FMR) areas. (United States Department of Housing and Urban and Development).

*The information provide on this form will be used solely for the purpose of determining whether your household is eligible for this program and will be kept confidential by the District and Kaiser Permanente Foundation. It will not be sold to any other party.*



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**CONSENT, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE  
Minor Participant Under 18 Years of Age**

**(Please Print Neatly and Legibly)**

<b>Participant Name:</b>	<b>Date of Birth: (Mo/Day/Year)</b>
<b>Parent/Guardian Name:</b>	<b>Date of Birth: (Mo/Day/Year)</b>
<b>Participant Address:</b> (Number/Street/City/State/Zip)	<b>Participant Home Phone Number:</b>
	<b>Participant Cell Phone Number:</b>
<b>Parent/Guardian Address:</b> (If Different from Participant Address)	<b>Parent/Guardian Home Phone Number:</b>
	<b>Parent/Guardian Cell Phone Number:</b>
	<b>Parent/Guardian Work Phone Number:</b>
<b>Emergency Contact 1 Name</b> (A person other than parent or guardian)	<b>Emer. Contact Home Phone Number:</b>
	<b>Emer. Contact Cell Phone Number:</b>
	<b>Emer. Contact Work Phone Number:</b>
<b>Emergency Contact Name 2</b> (A person other than parent/guardian or Emergency Contact 1)	<b>Emer. Contact Home Phone Number:</b>
	<b>Emer. Contact Cell Phone Number:</b>
	<b>Emer. Contact Work Phone Number:</b>

I hereby state that I am the custodial parent/guardian of \_\_\_\_\_ (Participant Full Name), and I grant my child permission to participate in the Desert Recreation District (District) \_\_\_\_\_ (hereinafter "event/class"). I fully understand that the event/class may involve field trips, including transportation to and from various locations by bus or automobile. I fully understand that my child's participation in the event/class exposes my child to the risk of personal injury, death or property damage. I hereby acknowledge that with my voluntary consent my child is voluntarily participating in this event/class and agree to assume any such risks.

On behalf of myself, the other parent or guardian, my child and I hereby release, discharge and agree not to sue Desert Recreation District for any injury, death or damage to or loss of personal property arising out of, or in connection with, my child's participation in the event/class from whatever cause, including the active or passive negligence of Desert Recreation District employees or any other



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participants in the event/class, understanding that this document is not intended to release any party from any act or omission of “gross negligence,” as that term is used in applicable case law and/or statutory provision.

In consideration for my child being permitted to participate in the event/class, I hereby agree, for myself, my child, our heirs, administrators, executors and assigns, that we shall indemnify, defend and hold harmless the Desert Recreation District and its employees from any and all claims, demands, actions or suits arising out of or in connection with my child's participation or failure to participate in the event/class.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent Guardian

**CONSENT TO TREATMENT OF MINOR**

In the event of sudden illness, accident, or injury which may occur while said minor is engaged in a program supervised by Desert Recreation District or its officers, agents, employees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent and pursuant to California Civil Code Section 25.8 and Family Code Section 6910 for emergency medical and/or dental treatment as shall be necessary under the circumstances and agree to be responsible for the cost of such care.

I UNDERSTAND THAT THE DESERT RECREATION DISTRICT DOES NOT PROVIDE MEDICAL OR DENTAL INSURANCE FOR THIS PROGRAM AND THAT ANY SUCH TREATMENT IS AT MY SOLE COST AND EXPENSE.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent Guardian

FAMILY PHYSICIAN/HMO: \_\_\_\_\_ PHONE: \_\_\_\_\_

Please provide the information listed below. This information will remain confidential to the fullest extent possible. Pertinent medical history information - Does the minor have any conditions or diseases (epilepsy or other seizure disorder - diabetes)?

\_\_\_\_\_

Drug Allergies: is the minor allergic to penicillin or any other drug? \_\_\_\_\_

Drug Allergies Continued: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Is a physician currently treating the minor: \_\_\_\_\_

Does the Minor regularly take medication? If so, what medication? \_\_\_\_\_



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**CONSENT TO USE OF NAME OR LIKENESS INCLUDING CONSENT ON BEHALF OF  
A MINOR**

I, on behalf of myself and/or as the custodial parent/guardian of \_\_\_\_\_  
(Participant Full Name), hereby consent to and grant the Desert Recreation District (District) the right to use my or the minor's name, voice, signature, photograph, or likeness for any lawful purpose including that encompassed by California Civil Code Section 3344. I understand that the District may at its discretion, photograph me or the minor and/or make recordings of my or minor's voice, and/or reproduce my or minor's physical likeness as it may appear in any still camera photograph, motion picture film or video tape and/or recordings of my or minor's voice prepared or made while participating in the District's recreational program for use in connection with any exhibition, promotional program, advertisement and broadcast, on television and any motion picture film or video tape regarding such recreational program or as promotional material for the District. My and minor's name, voice, signature, photograph, or likeness may be used or incorporated for an unlimited period of time. I further understand and acknowledge that I have no right to any compensation for the use of my or minor's name, voice, signature, photograph or likeness.

I CERTIFY AND REPRESENT THAT I HAVE READ THE FOREGOING AND FULLY UNDERSTAND THE MEANING AND EFFECT THEREOF.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent Guardian

**Swim Lessons - Detailed Descriptions of Levels**



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**Pre-School Aquatics** – For young children 3 to 6 years who have a basic comfort level with water, Parents are not in the water with child during the instruction. Children will be introduced to age appropriate safety topics and begin learning the fundamentals of safe and effective swimming. Upon enrollment children will be placed in classes based on ability.

**Guppies** – Age 3 – 6 years: Skills taught include: understanding basic water safety rules, water adjustment skills, blowing bubbles, supported and unsupported front and back float for five seconds, front and back kicks with support, and demonstration of alternating arm action with simultaneous use of legs. It is not uncommon for children to need to take this course 2 or 3 times.

**Grade School Aquatics** – For individuals 6.5 – 14 years: These classes are designed for young children who are looking to advance their swimming abilities. The age specifications associate with each level are simply used a guide for appropriate placement. There are four levels for which children may advance, some of the material is similar to that of our pre-school aquatics but the skills introduced are done with age appropriate instruction.

**Penguins 1** – Age 6.5 – 9 years: For children with little or no swimming experience. Skills taught include: understanding basic water safety rules, water adjustment skills, supported and unsupported front and back float for five seconds, gliding, front and back kicks with support, and demonstrating alternating arm action with simultaneous use of legs.

**Penguins 2** – Age 8 – 12 years: For children with little or no swimming experience. Skills taught include: understanding basic water safety rules, water adjustment skills, supported and unsupported front and back float for five seconds, gliding, front and back kicks with support, and demonstrating alternating arm action with simultaneous use of legs.

**Stingrays** – Age 6.5 – 12 years: Demonstrates the ability to perform all skills listed in Penguins level and swim 10-yards without support. Skills taught include: freestyle with side breathing, backstroke, butterfly kick, breaststroke kick, and elementary backstroke plus some water safety skills. Most children take this course 2-3 times.

**Barracudas** – Age 7 – 13 years: Skills taught include: swim 15-yards of front crawl with side breathing, swim 15-yards of back crawl, swim 10-yards of elementary backstroke kick, swim 10-yards breaststroke kick, swim 10-yards sidestroke kick, tread water for 1-minute. Most children take this course 2-3 times.