



City of Commerce
 Department of Parks and Recreation
Outreach Athlete Registration Form



The City of Commerce Department of Parks and Recreation offers a reduced annual registration fee for athletes from low-income families. The purpose of this program is to provide competitive sports opportunities to the underrepresented and economically disadvantaged youth in our City. The Outreach Program reduces the annual membership fee an athlete pays. Complete the Athlete Information Section, Section A-Household Income Information, and **either** Section B-Proof of Income **or** Section C-Proof of Assistance and submit with the required documentation and membership application.

Athlete Information

Resident Activity Card Number: _____ Sport: _____

Date: _____ Parent Name: _____

Athlete's Legal Name: _____
Last Name First Name Middle Name Preferred Name

Athlete's Birth Date: _____ Gender:
Month Day Year M F

Athlete's Current Address: _____
Street City State Zip Code

Contact Phone Number: _____ Email Address: _____

Section A: Household Income Information

Household Size: _____ Gross Annual Household Income: _____

Form of Income: _____ Verified by: _____

Number of Dependent Minors Ages: 0-10 years _____ 11-17 years _____
Office Use

Dependent Information: (Children under 18)

Name	DOB

Section B: Proof of Income

Attach a photocopy of your most recent Federal tax return, proving that your income is below the level in the following table. [source: Federal Reduced School Lunch Income Eligibility Guidelines (2018-2019)]

Number in Family	Gross Annual Income
2	\$39,738.50
3	\$50,125.50
4	\$60,512.50
5	\$70,899.50
6	\$81,286.50
7	\$91,673.50
8	\$102,060.50
Over 8, add for each	\$10,387.00 each

OR-----Section C: Proof of Assistance

Attach a photocopy of an approved application for one of the following assistance programs

- Aid to Families with Dependent Children
- Social Security Disability Insurance
- Food Stamps
- Temporary Assistance to Needy Families
- Supplemental Security Income
- Women, Infant and Children's Program
- Medicaid
- Children's Health Insurance Plan
- Section 8 Public Housing
- Home Energy Assistance Program

Acknowledgement

I hereby declare under penalty of perjury that this application and all information submitted as part of this application is true and accurate. I understand if this application is approved, I agree to pay the annual scholarship rate of \$50.

Parent/Guardian Signature

Date

OFFICE USE ONLY

APPROVED BY: _____ APPROVAL DATE: _____

DENIED BY: _____ REASON DENIED: _____