



**Public Works, Parks and Recreation Department
Financial Assistance Program Application**

AVAILABLE ONLY TO CITY OF HENDERSON RESIDENTS

Financial Assistance Guidelines

Financial Assistance may be granted to City of Henderson (CITY) residents who apply and qualify for payment support for select city offered recreation programs and services. Patrons must demonstrate Henderson residency and financial need by meeting current guidelines of the State of Nevada Child Care Subsidy Program monthly income chart. A physical address in Henderson is required for proof of residency. Patrons may prove residency by providing a copy of the applicant's state-issued photo ID showing the applicant's Henderson address. A post office box is not acceptable as proof of residency.

Individuals may apply for financial assistance by submitting an application with the appropriate documentation online or in person. The application, along with an electronic copy of all required documentation, can be emailed to COHFinAid@cityofhenderson.com or may be dropped off at any recreation facility.

Child Care Alternative Funding: In order to be considered for CITY Financial Assistance for Youth Enrichment programs for children under the age of 13 (Camp View Time, Kids Zone, Over The Edge, Safekey, Teen Ventures, Teen Zone), patrons must first seek financial assistance from other funding sources, which include at least one of the following:

- Child Care Development Fund – a state-funded program administered by the Division of Welfare and Supportive Services through the Las Vegas Urban League - 702-473-9400. If approved for this funding, a copy of the child care certificate must be provided with this application.
- Desert Regional Center (Family Respite) – provided through the State of Nevada Division of Mental Health and Development Services – Desert Regional Center's Intake Office - 702-786-7850. If approved for this funding, a copy of the respite ledger indicating the amount of award must be provided with this application.
- Inter-Tribal Council of Nevada – Child Care Development Fund - 702-570-7722. If approved for this funding, a letter of confirmation/award must be provided with this application.

Application requirements

Only complete applications will be considered. A complete application includes all required documentation, as well as a completed activity checklist indicating for which programs the applicant is requesting financial assistance. Should additional information be required, the applicant will have 30 days from the date of the request to submit the information. If requested information is not received within 30 days of the date of request, the application will automatically be denied and the applicant will have to re-apply and re-submit all required documentation.

Required documentation includes:

- ✓ Copy of state-issued photo ID showing current Henderson residency; copy of lease agreement or utility bill if recently moved.
- ✓ Copy of divorce papers or other legal documents showing custody rights and/or child support (if applicable)
- ✓ Copy of paycheck stubs for the most recent one month period for each working person listed in Section I. Employment Income
- ✓ Proof of other income listed in Section I. Other Income (copies of government benefit verification letters or certificates, etc.)
- ✓ Declaration of Zero Income for each non-working adult household member (if applicable)
- ✓ The applicant's current class schedule if stating there is zero income (or living off of student loans)
- ✓ Select up to three (3) programs from activity checklist
- ✓ Copy of Child Care Development Fund child care certificate, wait-list letter, or an explanation of denial (on page 8 of the application) if requesting Youth Enrichment programs for children under the age of 13.

- ✓ **Note:** Previous two months bank statements for each adult listed in the household may be requested during the application review process, but are not required at the time of submittal.

Terms of award

- Registration for classes or programs using financial assistance monies must be completed in person at City Hall Annex – Youth Enrichment, 280 Water Street.
- Current Henderson resident. Funds will be forfeited if the applicant moves out of the City of Henderson.
- Applicants who meet the qualifications will receive assistance awarded at a 20 percent, 50 percent or 90 percent subsidy rate based on income and household size.
- Households that are awarded financial assistance will be required to pay a portion of the program price at the time of registration for each program. The required payment amount will be based on the subsidy percentage awarded.
- Financial assistance for Youth Enrichment programs for children under the age of 13 may be considered only if the applicant provides a copy of the Child Care Development Fund child care certificate, wait-list letter, or provides an explanation of denial (on page 8 of the application). See current Henderson Happenings for list of programs.
- Financial assistance for Youth Enrichment programs for children under the age of 13 may be awarded on a month-to-month basis if the applicant is not receiving assistance from the Child Care Development Fund (Las Vegas Urban League or Inter-Tribal Council of Nevada).
- Financial assistance will only be provided for those programs or services requested at the time of application (pending fund availability). The total amount of assistance is calculated using the awarded subsidy rate as applied to the standard rates for Youth Enrichment programs, preschool programs, youth sports leagues, memberships, and an average rate for recreation, aquatics, and fitness classes (**based on one class per session per participant listed on the Activity Checklist**).
- Financial assistance for Youth Enrichment programs will be awarded only to the applicant and is non-transferrable to any other custodian.
- Awarded funds are non-refundable, non-transferrable and cannot be applied retroactively for program enrollments made prior to the date of award.
- Awarded funds will be applied to the household account for use by the patron beginning on the date of the award and will expire on June 15 each year. An exception is month-to-month funding for applicants for Youth Enrichment programs, if applicable.
- Funds not used by the expiration date of June 15 each year will be forfeited.
- Funds are reviewed periodically and can be rescinded without notice if not being utilized at the CITY's discretion.
- All registration and participation is subject to availability.
- Financial assistance cannot be used to pay for participant cards, facility rentals (including pools, parks and trails), senior meal programs, excursions, Pavilion entertainment events, food and supplies not included in class or program prices, late or extended stay for Youth Enrichment programs, retail items, FunCards (gift cards), Convenience Cards, drop-in for classes, processing or application charges, or late charges.
- Financial assistance will be denied if the applicant provides false information or does not provide all documents required for processing.
- Financial assistance recipient must notify CITY if circumstances change. CITY reserves the right to modify or rescind award.
- Funding for financial assistance is dependent on budget appropriation set each fiscal year. If necessary funds to continue with financial assistance are not allocated by the CITY, funding shall terminate at the expiration of the appropriated funds.



Public Works, Parks and Recreation Department Financial Assistance Program Application

Staff Use only
Received by:
Location Received:
Date Received:

To apply for City of Henderson financial assistance, you must complete this application in its entirety and sign it. Submit the application with the required documentation online or in person. The application, along with a copy of all required documentation, can be emailed to COHFinAid@cityofhenderson.com or may be dropped off at any City of Henderson recreation facility. The City of Henderson does not discriminate against any person because of race, color, religion, sex, sexual orientation, national origin, age, disability, or gender identity or expression.

Applicant's Name: _____

Address: _____ Street Address _____ City _____ State _____ ZIP _____

Contact phone number: _____ Email: _____

List all adults and children in the household (include yourself as #1 and all other members of your family living in the household.) Enter marital status codes for each adult household member. Marital status: **S**-Single; **M**-Married; **N**-Separated; **D**-Divorced; **W**-Widowed. Gender: **F**-Female; **M**-Male.

ADULTS:

LEGAL NAME	RELATIONSHIP TO APPLICANT	GENDER	DATE OF BIRTH	MARITAL STATUS
1	Self			
2				
3				
4				

CHILDREN:

LEGAL NAME	RELATIONSHIP TO APPLICANT	GENDER	DATE OF BIRTH	RECEIVING SUBSIDY	SUBSIDY PROVIDER NAME
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are both parents of the children living in the home? Yes No

If no, please complete the information below about the child(ren)'s Mother and/or Father that does not live with you. Attach additional pages, if necessary.

CHILD(ren)'s NAME(s)	Name and Address of Parent not residing in the Household	RECEIVE CHILD SUPPORT	AMOUNT	HOW OFTEN	RECEIVED THROUGH WHICH MEDIUM?
1	Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
	Address:				
	Phone: ()				
2	Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
	Address:				
	Phone: ()				
3	Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
	Address:				
	Phone: ()				

I. INCOME INFORMATION

Definition of Income: Income includes money, wages, and salaries before any deductions; net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business expenses). Income also includes regular payment from social security, railroad retirement, unemployment compensation, strike benefits from union funds, worker's compensation, veteran's payments, training stipends, alimony, child support, and military family allotments; private pensions, government employee pensions (including military retirement pay), and regular insurance or annuity payments; dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings.

A. Employment Income – list all adults in the household who are employed (include yourself as #1. Attach a separate page if necessary.)

NAME	EMPLOYER NAME, ADDRESS & TELEPHONE NUMBER	FREQUENCY	GROSS PAY	TIPS
		<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		
		<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		
		<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		

B. Other Income – list all other income for all adults in the household (Check all that apply and include required information. Attach a separate page if necessary. Proof of income must be submitted at the time of application.) **✓-all that apply**

<input type="checkbox"/> 01-Alimony	<input type="checkbox"/> 06-Educational Assistance/Pell Grants	<input type="checkbox"/> 11-Temporary Disability Insurance	<input type="checkbox"/> 16-Social Security Disability Benefits
<input type="checkbox"/> 02-Medicaid	<input type="checkbox"/> 07-Foster Care/Adoption Subsidies	<input type="checkbox"/> 12-Unemployment	<input type="checkbox"/> 17-Social Security Survivors Benefits
<input type="checkbox"/> 03-SNAP	<input type="checkbox"/> 08-Housing Assistance	<input type="checkbox"/> 13-Veteran's Benefits	<input type="checkbox"/> 18-Social Security Retirement Benefits
<input type="checkbox"/> 04-TANF	<input type="checkbox"/> 09-Loans (including student loans)	<input type="checkbox"/> 14-Worker's Compensation	<input type="checkbox"/> 19-Other _____
<input type="checkbox"/> 05-WIC	<input type="checkbox"/> 10-Pensions/Retirement Trusts	<input type="checkbox"/> 15-Supplemental Security Income (SSI)	
INCOME TYPE #	RECIPIENT'S NAME	AMOUNT	FREQUENCY
			<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly

II. DECLARATION OF ZERO INCOME

A declaration of zero income form (included with this application packet) is required for all adults in the household (18 years and older) who do not have any income. This includes household members who are full or part-time adult students living off of student loans. The applicant's current class schedule must also be provided by applicant if stating there is zero income (or living off of student loans) due to being a student.

III. TERMS OF AWARD

I acknowledge the following (read and initial next to each item below):

 I am a current Henderson resident.

 If qualified, funds will be awarded to my household at a 20 percent, 50 percent, or 90 percent subsidy rate based on household income and household size.

 I understand that if I am awarded financial assistance, I am still responsible for paying a portion of any class or program at the time of registration for each program. The required payment amount is based on the subsidy percentage awarded.

 I understand that financial assistance for Youth Enrichment programs, for children under the age of 13, will only be considered after all other means of financial assistance (Urban League, Family Respite, or Inter-Tribal Council) have been exhausted.

 Awarded funds are non-refundable, non-transferrable, and cannot be applied retroactively for program enrollments made prior to the date of award.

Financial assistance for Youth Enrichment programs will be awarded only to the applicant and is non-transferrable.

Financial assistance for Youth Enrichment programs for children under the age of 13 may be awarded on a month-to-month basis if the applicant is not receiving other means of assistance, such as assistance from the Child Care Development Fund (Las Vegas Urban League or Inter-Tribal Council of Nevada).

Financial assistance will only be provided for those programs or services requested at the time of application (pending fund availability). The total amount of assistance is calculated using the awarded subsidy rate as applied to the standard rates for Youth Enrichment programs, preschool programs, youth sports leagues, memberships, and an average rate for recreation, aquatics, and fitness classes (based on one class per session per participant listed on the Activity Checklist).

Awarded funds will be applied to the household account for use by the patron beginning on the date of the award and will expire on June 15 each year. An exception is month-to-month funding for Youth Enrichment programs, if applicable.

Funds not used by the expiration date of June 15 each year will be forfeited.

Funds are reviewed periodically and can be rescinded if not being utilized at the CITY's discretion.

Funds will be forfeited if the applicant moves out of the City of Henderson.

All registration and participation is subject to availability.

Financial assistance cannot be used to pay for participant cards, facility rentals (including pools, parks, and trails), senior meal programs, excursions, Pavilion entertainment events, food and supplies not included in class or program prices, late or extended stay for Youth Enrichment programs, retail items, FunCards (gift cards), Convenience Cards, drop-in for classes, pool admission rates, processing or application charges, or late charges.

I have provided copies of all required documentation with this application including: **CHECK BOX IF COMPLETE**

- Copy of state-issued photo ID showing Henderson residency. If ID out of state, copy of lease agreement or utility bill.
- Copy of divorce papers or other legal documents showing custody rights and/or child support (if applicable)
- Copy of paycheck stubs for the most recent one month period for each working person listed in Section I. Employment Income
- Proof of other income listed in Section I. Other Income (copies of government benefit verification letters or certificates)
- Declaration of Zero Income for each non-working adult household member (if applicable)
- The applicant's current class schedule if stating there is zero income or living off student loan(s)
- Select up to three (3) programs from activity checklist
- Copy of child care certificate or written explanation of denial if requesting assistance for Youth Enrichment programs for children under the age of 13.
- Previous two months bank statements for each adult listed in the household may be requested during the review process, but are not required at the time of submittal.

Registration for classes or programs using Financial Assistance monies must be completed in person at City Hall Annex – Youth Enrichment, 280 Water St.

Financial assistance will be denied if the applicant provides false information or does not provide all documents required for processing.

Financial assistance recipient must notify CITY if circumstances change. CITY reserves the right to modify or rescind award.

Funding for financial assistance is dependent on budget appropriation set each fiscal year. If necessary funds to continue with financial assistance are not allocated by the CITY, funding shall terminate at the expiration of the appropriated funds.

Certification by applicant: The applicant certifies that all information in this application and furnished in support of this application, is given for the purpose of obtaining financial assistance developed and administered by the City of Henderson Public Works, Parks and Recreation Department and is true and complete to the best of the applicant's knowledge and belief.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of government funds; that City of Henderson officials may verify the information on the application; and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Applicant Signature

Applicant (Print Name)

Date

OFFICE USE ONLY
To convert to monthly gross income

IF PAID:

WEEKLY

BI-WEEKLY

BI-MONTHLY

\$ _____ x 4.3 = \$ _____ \$ _____ x 2.15 = \$ _____ \$ _____ x 2 = \$ _____

TOTAL EMPLOYMENT INCOME: \$ _____

TOTAL COUNTABLE OTHER INCOME: \$ _____

TOTAL GROSS INCOME: \$ _____

Total Monthly Gross Income	Number of People in Household	Qualifying Subsidy Percent	Estimated Award Amount
\$ _____	_____	_____ %	\$ _____

Reviewed/Approved By: _____ Date: _____

DECLARATION OF ZERO INCOME

(A form must be completed by each household member 18 years or older who has zero income.)

Applicant's Name: _____

Adult Household Member Name (with NO income): _____

Reason for no income:

Living Expenses

Food: \$ _____

Shelter: \$ _____

Utilities: \$ _____

Other:** \$ _____

**Describe Other Expenses: _____

Is anyone paying all or part of your expenses (rent, utilities, child care, etc.) for you? Yes No
The above expenses are being paid by:

Name: _____

Address: _____

Phone: _____

Are you expected to repay this money? Yes No

Under penalty of perjury, I certify that the information presented in this declaration is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Household Member

Printed Name of Household Member

Date

Activity checklist

Please select **up to three (3)** Programs for which you are requesting financial assistance and fill out the participant name(s) that will be enrolled in each program. Prioritize 1st, 2nd, 3rd choice in box.

YOUTH ENRICHMENT PROGRAMS

In order to be considered for the Youth Enrichment programs below, if the child/children are under the age of 13, you must first contact Las Vegas Urban League (LVUL) at 702-473-9400 to determine if you qualify for the State of Nevada Child Care Subsidy (for children under the age of 13). You must also complete this section.

Las Vegas Urban League or other Child Care Fund benefit determination (to be completed by applicant):

Approved (copy of Child Care certificate is required) On Waiting List (verification letter required)
 Denied (provide specific reason for denial – attach a separate sheet if necessary)

Reason/Explanation for the denial:

Safekey -Before and After School Program (grades K-5) / Teen Scene (Grades 6-8) – Must first contact LVUL

			✓ all that apply		
Participant Name	Grade	Name of School	Child Care Subsidy	A.M.	P.M.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

Kids Zone Program (Ages 5-12) – Must first contact LVUL

			✓ all that apply			
Participant Name	Child Care Subsidy	Name of School	Child Care Subsidy	Holiday Breaks	Staff Dev. Day Drop-In	Summer
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teen Zone – Subsidy Yes No
 (Summer only-Ages 12-14) –
 Must first contact LVUL if child is 12

On The Edge– Subsidy Yes No
 (Summer only-Ages 11-12) –
 Must first contact LVUL

Teen Ventures– Subsidy Yes No
 (Summer only-Ages 12-15) –
 Must first contact LVUL if child is 12

Participant Name	Participant Name	Participant Name

ACTIVITY LIST (Continued)

LICENSED PRESCHOOL, SPORTS, AND RECREATION PROGRAMS

Licensed Preschool Programs (Sept.-June* - Ages 3-5) ✓ preference <small>*Runs concurrently with the Clark County School District's 9-month calendar. Based on availability.</small>						
<input type="checkbox"/> Little Learners All Day Preschool* <input type="checkbox"/> M-W-F <input type="checkbox"/> T-Th (Ages 4-5)		<input type="checkbox"/> ABC ETC. Half Day Preschool* <input type="checkbox"/> M-W-F <input type="checkbox"/> T-Th (Ages 3-5)		<input type="checkbox"/> Camp View Time <small>(Summer only-Ages 4-5)</small>		
Participant Name	Participant Name		Participant Name			
<input type="checkbox"/> Youth Sports Leagues ✓ preferences						
Participant Name	Fall Soccer	Winter Basketball	Spring Baseball	Spring Softball	Summer Basketball	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Program –Aquatics and Fitness Classes, Junior Lifeguard, Recreation, Teen In Training-Summer Only						
Includes classes such as karate, dance, gymnastics, fitness, swim lessons, tennis lessons, music lessons, etc. List participant and ✓ desired session(s). Award estimated based on one class per session per participant. Participant responsible for instructor fees.						
<ul style="list-style-type: none"> • Fall sessions (September-December) • Winter sessions (January-March) • Spring sessions (April-May) • Summer sessions (June*-August-must register for July and August classes prior to June 15) 						
Participant Name	Fall	Winter	Spring	Summer	Junior Life Guard	Teen In Training
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTIVITY LIST (Continued)

Program - Memberships

Types:

- **Fitness** – unlimited access to fitness centers in the recreation centers. Seniors also have access to the two senior adult facilities.
- **Aquatics** – unlimited access to city pools during open swim hours.
- **Racquetball** – allows for court reservations for up to two hours per day in the recreation centers. Reservations can be made up to 14 days in advance.
- **Platinum** – unlimited access to City of Henderson pools (during open swim hours) and fitness centers in the recreation centers, and access to racquetball courts for up to two hours per day. Platinum memberships paid using financial assistance do not include five guest passes and the discount off of available pool, picnic, or facility rentals.

All membership types provide the same benefits of a Participant ID card, which gives access to recreation center amenities including indoor track, game room, and open gym.

Youth: 3-12 years **Teen:** 13-17 years **Adult:** 18-59 years **Senior:** 60+

Veteran: Current military ID, veteran ID card, or Nevada driver's license with a veteran designation required

Family: Four people of any age living at the same residence; additional members are considered add-ons for an additional charge.

<input type="checkbox"/> Annual Individual Fitness Membership	<input type="checkbox"/> Family Membership			
Participant(s) Name	Teen (13-17)*	Adult (18-59)	Senior (60+)	Veteran
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parent/Guardian must accompany age 15 or younger.*

<input type="checkbox"/> Annual Individual Aquatics Membership	<input type="checkbox"/> Family Membership			
Participant(s) Name	Youth (3-12)	Teen (13-17)	Adult (18-59)	Senior (60+)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Annual Individual Racquetball Membership	<input type="checkbox"/> Family Membership			
Participant(s) Name	Youth (3-12)	Teen (13-17)	Adult (18-59)	Senior (60+)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Annual Individual Platinum Membership	<input type="checkbox"/> Family Membership			
Participant(s) Name	Youth (3-12)	Teen (13-17)	Adult (18-59)	Senior (60+)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>