



Youth Sports Fee Initiative Application Form

Joseph Hebert, Director

The City of Madera Youth Sports Fee Initiative is designed to assist those families who may not otherwise be able to participate in fee-based youth sports. This program is funded through generous donations and is available on a first-come, first-served basis.

Participant Information:

Youth's Full Name: _____
Date of Birth: _____
Age: _____
Gender: _____
Home Address: _____
City, State, Zip Code: _____

Parent/Guardian Information:

Parent/Guardian Full Name: _____
Relationship to Youth: _____
Phone Number: _____
Email Address: _____

Rules and Criteria for Application:

- Participants must be 17 or younger.
- Participants must be a Madera County resident and/or attend public school in Madera.
- Must show proof of government assistance or enrollment in the PG&E CARE program.

Residency/School Verification:

Please attach proof of one of the following:

- Proof of residency in Madera County dated within the last 30 days (utility bill, lease agreement, etc.)
- Proof of attending a public school in Madera County (e.g., school enrollment letter)

Government Assistance Verification:

Circle the type of government assistance your family is currently receiving (attach proof, such as a benefit statement, copy of EBT card, etc.):

- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Temporary Assistance for Needy Families (TANF)
- Section 8 Housing Voucher
- Low Income Home Energy Assistance Program (LIHEAP)
- Women, Infants, and Children (WIC)
- Earned Income Tax Credit (EITC)
- PG&E Care Enrollment
- Other: _____

Sport and Program Information:

Name of Sports Program Interested In: _____
Program Start Date: _____
Total Registration Fee: \$ _____
Amount Requested (50% of fee maximum) \$ _____

Acknowledgments:

- I understand that completion of this application does not guarantee assistance and that funds are limited and will be awarded on a first-come, first-served basis.
- I acknowledge that the remaining percent of the registration fee must be paid in full by me, the parent/guardian before the onset of the sports program.
- I agree to provide any additional documentation upon request to verify eligibility.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

Please submit this completed application along with all required documentation to:

Youth Sports Fee Initiative
John W. Wells Youth Center
701 E. 5th Street
Madera, CA 93638

OFFICE USE ONLY:

Date Received:	_____
Documentation Verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistance Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Awarded:	\$ _____
Amount Owed by Participant:	\$ _____

City of Madera Parks & Community Services • John W. Wells Youth Center
701 E. 5th Street, Madera, CA 93638
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