



Application for Disabled Individuals for the Warm Water Pool Program

The City of Davis is working cooperatively with the Davis Athletic Club and Physical Edge-South, to provide persons with qualified disabilities better access to warm water aquatic recreation. This program will permit persons with qualified disabilities to utilize the warm water facilities at Davis Athletic Club or at Physical Edge-South at a special membership rate. In order to qualify, please fill out all sections of this form.

In addition, low income individuals residing within the Davis Joint Unified School District boundaries may apply for a subsidy of fees from the City of Davis. Eligibility depends on income and family size. Applications for the Scholarship/Fee Subsidy program are collected on a year round basis. However, the bulk of funds are distributed during the initial application period. Applications, and applicable forms, must be received in our office by 5:00 p.m. on Friday, February 22 2008 for consideration in the initial application period. All applications received after that date will be processed as they come in. If you are interested in applying for a scholarship/fee subsidy, you may pick up an application at 23 Russell Blvd. or download one from our website at www.cityofdavis.org

Please complete all requested information that applies to you:

Name: _____ Telephone: _____
Street Address: _____
City: _____
Emergency Contact: _____ Telephone: _____
Email Address: _____

At which site are you planning to utilize the Warm Water pool? You may only choose one.

- Davis Athletic Club-1809 Picasso Ave, Davis, 753-5282
- Physical Edge-South – 1460 Drew Ave. STE 200, 753-9011

Please describe your disability.

Please explain why you are unable to use other City of Davis exercise and swim programs.

Is this condition temporary? **Yes** **No**

If yes, when do you expect condition to change? _____

Please specify the professional health care provider familiar with your disability:

Name: _____ Telephone: _____

Street Address: _____

City: _____

APPLICANT CERTIFICATION

I hereby certify that the information above is correct and I authorize the City of Davis to release information about my disability to Davis Athletic Club or Physical Edge-South in order to verify my eligibility for the Warm Water Pool program.

Signature of Applicant _____ Date: _____

If this application has been completed by someone other than the Warm Water Pool program participant, please complete the following.

Name: _____ Telephone: _____

Street Address: _____

City: _____

Signature: _____

Please ask your professional health provider to complete the Professional Verification

PROFESSIONAL VERIFICATION

This registration form has been submitted by the applicant in order to qualify for the Davis Athletic Club or Physical Edge-South discounted Warm Water pool program provided by the City of Davis.

Please review the information provided by the applicant on this form. To the best of your professional knowledge, is this information accurate? **Yes** **No**

Please comment:

In what professional capacity do you know the applicant?

Signature of Provider _____ Date _____

Professional Title _____

Medical License Number _____