



DIGITAL INCLUSION

COMPUTER GIVE-AWAY!



*Don't let technology pass you by!
Earn your very own computer!*

- MS Windows and basic computer operation
- MS Office (Word, Excel, Power Point, etc.)
- Hardware troubleshooting, internet browsing, and more

FREE!

Courses available at all Community Centers
Youth ages 10 – 17 and seniors 55+
Only one (1) computer give away per household

FREE!

The Digital Inclusion Program provides deserving families with access to open computer labs and introductory technology courses. Upon satisfactory completion of the beginning computer course, qualifying students are given a free refurbished computer system for home use. Space is limited so register today. Contact a facility below for class times, dates, and applications; or visit us at:

http://www.riversideca.gov/park_rec

Park	Address	Phone
Bobby Bonds Park	2060 University Ave.	826.5746
Bordwell Park	2008 MLK Blvd.	826.5355
Bryant Park	7950 Philbin Ave.	351.6135
Hunt Park	4015 Jackson St.	351.6132
La Sierra Park	5215 La Sierra Ave.	351.6131
Nichols Park	5505 Dewey Ave.	351.6130
Reid Park	701 N. Orange St.	826.5654
Villegas Park	7240 Marguerita Ave.	351.6142
Lincoln Park	4261 Park Ave.	686.3119
Dales Sr. Center	3936 Chestnut St.	826.5303



DIGITAL INCLUSION PROGRAM APPLICATION FORM AND WAIVER
PLEASE PRINT ALL INFORMATION & FILL OUT COMPLETELY • CLASSES ARE SUBJECT TO CHANGE

PARTICIPANT INFORMATION

First Name				Last Name		
Street Address						
City			Zip			Day Phone ()
Evening Phone ()			Emergency Phone ()			Birthdate
Email Address						

EMERGENCY CONTACT / INDIVIDUALS AUTHORIZED TO PICK UP PARTICIPANTS
(Individuals not supplying DL # will not be permitted to pick up the participant)

Name		Phone Number	()	Driver's License #	
Name		Phone Number	()	Driver's License #	
Name		Phone Number	()	Driver's License #	

CLASS AND PARTICIPANT INFORMATION

Class Site	Participant's Name	Gender	Birth Date	Program Name	Start Date	Instructor	Riverside Resident
<i>Hunt Park</i>	<i>Joe Smith (SAMPLE LINE)</i>	<i>M / F</i>	<i>02/01/72</i>	<i>Digital Inclusion</i>	<i>11/04</i>	<i>Jim Computer</i>	<i>Yes</i>
		<i>M / F</i>	<i>/ /</i>	<i>Digital Inclusion</i>			

ELIGIBILITY QUESTIONNAIRE

Does your child attend an elementary, middle, or high school within the city of Riverside? : Yes / No

Number of occupants in your household:

Please circle your total household income:

less than \$10,000	\$10,000 to \$14,999	\$15,000 to \$19,999
\$20,000 to \$24,999	\$25,000 to \$29,999	\$30,000 to \$34,999
\$35,000 to \$39,999	\$40,000 to \$44,999	\$45,000 to \$49,999
\$50,000 to \$54,999	\$55,000 to \$59,999	\$60,000 to \$64,999

Age of person receiving the computer upon completion of the program course:

PLEASE READ AND SIGN BELOW

The parent(s) of participant(s) must complete and return this agreement. It is understood that I (the participant) cannot participate in the recreation activities until this WAIVER form has been completed. For additional information, phone 826-2000.

For and in consideration of permitting THOSE LISTED ON THE PROGRAM APPLICATION FORM to participate in THE CLASSES/PROGRAMS ABOVE, organized and sponsored by the City of Riverside in the County of Riverside, the undersigned hereby voluntarily forever releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death, occurring to the Undersigned arising out of the participation in said sport or any activities incidental thereto; wherever, or however the same may occur and for whatever period said activities may continue, and the Undersigned does for himself/herself, his/her heirs, executors, administrators, and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for himself/herself and for his/her heirs, executors, administrators or assigns shall not prosecute or present any claim for personal injury, property damage or wrongful death against the City of Riverside, the City of Riverside Parks, Recreation and Community Services Department or any of its officers, agents, servants or employees (hereinafter referred to as "Releasees") for any of said causes of action including, but not limited to, losses caused by the passive or active negligence of the Releasees. The Undersigned acknowledges, understands and assumes the risks inherent in recreation activities, and that said activities entails risks of physical injury to his/her person and property and the Undersigned is participating with full knowledge of said risks. Undersigned acknowledges, understands and assumes the risks, if any, arising from the conditions of the various recreation facilities, softball fields and adjacent school or park grounds and parking lots; and acknowledges and understands that this City waiver includes, but is not limited to, any action or cause of action arising from (1) the performance, or failure to perform, maintenance, inspection, supervision, control or security of said areas, (2) the failure to warn of dangerous conditions as existing on or near said locations, or (3) any action by the spectators or (4) negligent supervision or selection of officials, spectators, players or coaches or (5) any hidden, latent or obvious defects or dangerous conditions existing on or near said locations.

IT IS THE INTENTION OF THOSE LISTED ON THE APPLICATION FORM BY THIS INSTRUMENT TO EXEMPT AND RELIEVE RELEASEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES.

I have read and hereby agree to abide by the City Recreation Activity Rules. I further acknowledge that my participation in the CITY OF RIVERSIDE Recreation Activities will be in jeopardy should I fail to adhere to the rules. I give permission to the CITY OF RIVERSIDE to photograph me or my children participating in the programs for use in future City publications and understand that I will not receive any compensation for such use. Furthermore, we give our permission to have the above-named participant treated in the event of accident or illness.



PARTICIPANT'S SIGNATURE _____ DATE _____
(PARENT OR LEGAL GUARDIAN MUST SIGN FOR THOSE UNDER 18 YEARS OF AGE)

American Disability Act - Individuals with disabilities requiring special accommodations should call 826-2000.

STAFF USE ONLY

Date	Staff Name	Site Taken
Comments:		