



Sports' Contribution Program

Program Information:

The Town of Medley strongly encourages all kids to stay active and maintain a healthy lifestyle. The program includes any athletic activity that requires physical skills and is competitive in nature. Each qualified resident is eligible to receive up to \$200 contribution twice per year towards the sports program of their choice. Payment will be issued to the sports organization.

Requirements:

- Must be a verified current resident and continue to be at the time of each request
- Resident must be within 4 – 18 years of age
- Accepted sports programs are those that involve competitive athletic activity and require physical skills.

Please include the following supporting documentation:

- Parent ID
- Sport Organization's registration/invoice

Child's Name: _____ DOB: _____

Parent/Guardian Name: _____

Address: _____

Home Phone / Cell Phone #: _____

Email Address: _____

What sport will your child be participating in? _____

Name and address of organization: _____

Length of Season: _____ Cost: _____

The Town of Medley is a public entity that is subject to Florida's Public Records Act. As such, most written communications to or from Town officials regarding Town business, including this application, are public records, and are available to the public and media upon request unless the information requested is exempt or confidential under the law. If you believe any of the information provided in this application is exempt from disclosure under the Public Records Act, please indicate it by filling out the information requested below.

I, _____, qualify for an exemption under the Public Records Act because _____, and, as such, I am requesting that the following information be removed from public disclosure in accordance with Florida law: _____

I, _____, certify that the information I have provided is accurate. I understand that all information will be verified and if it is found that I have knowingly provided false information, all Town of Medley services and privileges will be revoked indefinitely for the entire household.

Applicant's Signature _____ Date: _____

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of

physical presence or online notarization, this _____ day of _____, _____
(Date) (Month) (Year)

Personally known:

Produced Identification: _____
(Type of Identification Produced)

Print, Type/Stamp Name of Notary

Signature of Notary Public

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Town of Medley - Sports' Contribution Registration: _____
<input type="checkbox"/>	Organization's Documentation: _____
<input type="checkbox"/>	Residency Verification: _____
	Date of last Sports' Contribution Registration/Amount: _____
	Amount allocated this year (including current application): _____
	Processed by & Date: _____
	Notes: _____