



*Social Services Department*  
**Sports' Contribution Program**

**Program Information:**

The Town of Medley strongly encourages all kids to stay active and maintain a healthy lifestyle.

**Requirements:**

Who is eligible?

Residents that meet the following criteria:

- Must be a verified current resident and continue to be at the time of each request; and
- Must be within the ages of 4 – 18 years of age.

**What does the Sports' Contribution Program constitute?**

The program includes any athletic activity that requires physical skills and is of competitive nature. Each qualified resident is eligible to receive up to \$200 contribution twice per year towards the sports program of their choice. Residents **MUST** submit a copy of a completed sports enrollment form along with the Town of Medley's Sports Request Form at the time of registration. Payment will be issued to the sports organization.

Please submit all required documentation to the Social Services Department.



## Sports' Contribution Program Request Form

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

What sport will your child be participating in? \_\_\_\_\_

Name and Address of organization: \_\_\_\_\_

Length of Season: \_\_\_\_\_ Cost: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC STATE OF FLORIDA