



## Napa Aerial Fitness Scholarship Application

Napa Aerial Fitness assist a small group of youth who, for financial reason, can not afford to attend Napa Aerial Fitness Youth program. To qualify for support:

- Youth must be between 8-16 years of age.
- Must reside in Napa/ Sonoma County.
- Youth may request for for 6 weeks of classes and 15% off classes after.
- Your family must meet low-income levels and qualify for reduced lunch program through Napa Unified School District for scholarships.

### Please read and sign below

I (parent/ guardian name)\_\_\_\_\_ Certify that my child is eligible for the free or reduced price meal/ lunch through the unified school district.

School Name\_\_\_\_\_

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

Napa Aerial Fitness Youth Director will place you child in the appropriate class.

Main Contact

Print Student Names:\_\_\_\_\_

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

City:\_\_\_\_\_ Zip:\_\_\_\_\_ Phone:\_\_\_\_\_

Birthdate:\_\_\_\_\_ Email address:\_\_\_\_\_

For valuable consideration, I for myself, my successors, heirs, assigns, executors, spouse,, administrators and next to kin convenient not to sue, release, waive and discharge the Napa Aerial Fitness LLC and their employees from all liability, loss, damage, claims, demands, causes of action, costs and expenses including attorney's fees against Napa Aerial Fitness arising from my or my child's participation in class: I assume all risks of personal injury and death including medical? hospital bills and damage to personal property arising from my or my child's participation. By signing below, I acknowledge that I've read this release and understand that I give up certain rights and sign voluntarily.

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

Return and complete to:  
Napa Aerial Fitness  
3377 Solano Ave.  
Napa CA 94558  
for scholarship questions please call (707)819-2771  
or email [NapaAerialFitness@gmail.com](mailto:NapaAerialFitness@gmail.com)