

Wheat Ridge Recreation Center
4005 Kipling St.
Wheat Ridge, CO 80033
(303) 231-1300



Recreation Fee Discount Program

The City of Wheat Ridge Parks and Recreation Fee Discount Program provides up to a 50% discount on various programs offered throughout the department to qualifying individuals.

Discounts are available for punch pass and annual pass purchases based on eligibility. Discounts do not apply to daily drop-in fees. Discounts are also available on class fees for Wheat Ridge Residents only. Eligibility for a fee discount on classes requires that individuals currently reside in the City of Wheat Ridge. **There are no residency requirements for discounts on Recreation Center punch cards or annual passes. No other discounts can be combined with the Recreation Fee Discount Program.**

Participants in the following assistance programs are eligible for the discounts below:

50% Discount:

- Food Stamps
- LEAP - Low Income Energy Assistance Program
- Medicaid

25% Discount:

- Military - Veteran and Active Duty
- WIC - Women, Infants and Children Supplemental Food Program
- SSI - Social Security Supplemental Income
- SSDI - Social Security Disability Income
- HCP - Health Care Program for Children with Special Needs
- HUD - Jefferson County Housing Authority
- Colorado Child Health Plan
- CICP - Colorado Indigent Care Plan (formerly Colorado Resident Discount Plan)
- TANF - Temporary Assistance for Needy Families (formerly AFDC)

Families are eligible for one discount plan. Applications will be kept on file for two years during which time you will qualify for the discount.

To register for a class through the discount program, you must be a resident of the City of Wheat Ridge. Proof of residency in the form of a driver's license and a car registration or utility bill and proof of the specific program in which you participate are required at the time of registration.

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RECREATION FEE DISCOUNT PROGRAM Application

Date _____

Head of Household _____

Address _____

City _____ Zip _____

Home Phone _____ Birthdate _____

Number of Members in Family _____

Qualifying Program _____

Family Members Names (first and last)

Birthdate

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Classes or passes applied

Date

_____	_____
_____	_____
_____	_____
_____	_____

Wheat Ridge Recreation Center Resident Discount Card Application



Residency Verification

To receive WR of Jeffco rates, adults 18+ need proof of address with a valid driver's license or state photo ID. If the ID doesn't have current address, you must provide proof of address with a utility or phone bill, or car registration.

Household Information - PLEASE PRINT

Name: _____

Phone: _____

Address: _____

Birthdate: _____

Email: _____

How would you like to receive your Rooted in Fun Times quarterly program guide?

Mailed _____ Emailed _____ Both _____ Neither _____

Names of additional household members.

	Name	Birthdate
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Annual passes are non-refundable.

Liability Waiver, Release, and Indemnification: I, the undersigned, and as parent or guardian, on behalf of ourselves and our respective heirs, assigns, successors-in-interest, executors and administrators, voluntarily and knowingly waive, release, indemnify and hold harmless the City, its officers, employees, agents and assigns from any and all claims, injuries, damages or losses, of whatever kind, nature or amount, suffered by me, my property, or my family members at the Center. I recognize that activities and services may result in injury, death, or damage to myself, my property, or to others, including but not limited to injuries caused by negligence and/or the actions or omissions of the City or of third parties (For example and not by way of limitation: falls, contact with other persons, injuries relating to equipment or the condition of the center), all such risks being known and appreciated by me.

I understand I am waiving any right to bring or have brought on my/our behalf any such claims or lawsuits against the City by signing this form.

Signature Date