

# Wellesley Friendly Aid Association

## Financial Assistance Application for Summer Camp and Programs 2025 and Release and Waiver of Liability

Parents/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Total # of people living in child's household: \_\_\_\_\_ Adults 18 and over \_\_\_\_\_ Children \_\_\_\_\_

List Children to be registered for summer camp- preschool (age 3) through middle school.

**Each child must live in Wellesley or attend one of the Wellesley Public Schools.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Camp/# of weeks \_\_\_\_\_

Male/Female/Other \_\_\_\_\_ School and Current Grade \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Camp/# of weeks \_\_\_\_\_

Male/Female/Other \_\_\_\_\_ School and Current Grade \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Camp/# of weeks \_\_\_\_\_

Male/Female/Other \_\_\_\_\_ School and Current Grade \_\_\_\_\_

(Additional children may be listed below.)

Any special circumstances you would like to share?

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Member of the Clergy, Social Worker, or Medical Professional who may confirm your situation:

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Name

Contact Phone

To establish financial aid eligibility, please identify your family's sources of income for everyone at this address. Put **monthly** amounts.

<input type="checkbox"/>	Wages with W-2	\$ _____	<input type="checkbox"/>	Unemployment	\$ _____
<input type="checkbox"/>	Self-Employment	\$ _____	<input type="checkbox"/>	Child Support	\$ _____
<input type="checkbox"/>	SSI	\$ _____	<input type="checkbox"/>	TAFDC	\$ _____
<input type="checkbox"/>	SSDI	\$ _____	<input type="checkbox"/>	Food Stamps (SNAP)	\$ _____
<input type="checkbox"/>	Veterans Benefits	\$ _____	<input type="checkbox"/>	Aid to Foster Child	\$ _____
<input type="checkbox"/>	Child Care Vouchers	\$ _____	<input type="checkbox"/>	Other (specify)	\$ _____

Please check all that apply and add any additional assistance:

WIC    Fuel Assistance    Mass Health    Medicaid    Medicare    Subsidized Housing

Gross Monthly Income (total for everyone at this address): \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ OR Monthly Mortgage: \_\_\_\_\_

Current employers for parents/guardians \_\_\_\_\_

Other Financial Information: \_\_\_\_\_

Please submit documentation for ALL sources of income in your household, including a copy of your 2024 tax return or all W-2 and 1099 tax forms you received. Please note that if you don't file, we still need all W-2 and 1099 tax forms. We reserve the right to request additional financial information.

**I attest that the above information is accurate and truthful to the best of my knowledge.**

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

Please submit:

- Completed Wellesley Friendly Aid financial assistance application
- Required income documentation for all income
- Current utility bill confirming your residence in Wellesley

**If you are applying for financial aid for a camp not at the Wellesley Recreation Department, we require a copy of the completed application and the invoice from the camp (for each child) before final approval can be given.**

**Application Deadline: April 16, 2025**

Questions? Please call 781-235-3960 or email [office@wellesleyfriendlyaid.org](mailto:office@wellesleyfriendlyaid.org)

## RELEASE AND WAIVER OF LIABILITY

Release and Waive of Liability (the "Release") executed on the date set opposite the signature(s) below by the parents(s) or guardians(s) named on page 1 above (referred to in this Release, whether one or two signers, as the "Releasor") of the child(ren) named on page 1 above (referred to in this Release, whether one or more children, as the "Minor").

The Releasor hereby represents to Wellesley Friendly Aid Association of 219 Washington Street, Wellesley, Massachusetts, a non-profit corporation (the "Association"), that the Releasor is/are the parents(s) and legal guardian(s) of the Minor.

The Association has offered to pay all or a part of the cost of the attendance by the Minor at the \_\_\_\_\_

[names of camp(s)]

(referred to in this Release, whether one or more camps, as the "Camp"), and the Releasor desires that the Minor attend the Camp and that the Association provide such financial assistance. The Releasor understands that the Association might or might not have insurance coverage which would protect the Association, the Releasor or the Minor in respect of the matters referred to below.

In consideration and exchange for this financial assistance from the Association, the Releasor hereby RELEASES, WAIVES AND DISCHARGES the Association, its volunteers, officers, directors, employees, agents, successors and assigns, with the intention of binding the Releasor and the Minor and each of their respective heirs, legal representatives and assigns, from and in respect of:

all lawsuits, claims, demands, actions or rights of action of whatever kind or nature, including any claims arising under the wrongful death statute or act of Massachusetts or any other state, which may otherwise be brought by Releasor on their/his/her/ own behalf or on behalf of the Minor,

arising from or by reason of any accident, bodily or personal injury, death or damage to property incurred or suffered by the Releasor or the Minor during or by reason of attendance by the Minor at the Camp, or any activity organized or sponsored by or related to the Minor's attendance at the Camp, or travel to or from the Camp or to or from such activity, including arising as a result of the negligence of the Camp or the Association and/or any of their respective volunteers, officers, directors, trustees, employees, agents, successors or assigns.

Notwithstanding the above, this Release shall not apply to any gross negligence or intentional, willful or reckless misconduct by the Association and/or any of its volunteers, officers, directors, employees, agents, successors or assigns.

The invalidity of any portion of this Release shall not affect the enforceability of the balance of this Release.

IT IS UNDERSTOOD BY THE RELEASOR THAT SUBSTANTIAL LEGAL RIGHTS ARE RELEASED, WAIVED AND DISCHARGED BY THIS DOCUMENT, and the Releasor agrees that these rights have been waived voluntarily and for the consideration stated above. The Releasor acknowledges that they/he/she have/has received a copy of this Release (as incorporated in this Financial Assistance Application), have/has read it and understands it.

This Release shall be binding on the Releasor, the Minor and their respective heirs, assigns and legal representatives.

This Release is intended to operate as a contract under seal and shall be governed by and construed in accordance with the laws of the Commonwealth of Massachusetts. The Releasor hereby agree(s) that all disputes arising under or out of this Release shall be brought in courts of competent jurisdiction within Norfolk County, Massachusetts and hereby consent(s) to the jurisdiction of courts located in Norfolk County, Massachusetts with respect to all matters arising out of or related to this Release.

IN WITNESS WHEREOF, the Releasor have/has signed this combined Financial Assistance Application and Release under seal as of the date set forth below.

Parent or Guardian

Witness for First Signature

\_\_\_\_\_  
Your Signature

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name (parent or guardian #1)

\_\_\_\_\_  
Print Name

Witness For Second Signature

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Print Name (parent or guardian #2)

\_\_\_\_\_  
Print Name

**Please note that a witness signature is required.**

Mail or drop off to: *Wellesley Friendly Aid Association  
219 Washington Street  
Wellesley, MA 02481*