

**CITY OF MORENO VALLEY  
PARKS AND COMMUNITY SERVICES DEPARTMENT  
Site \_\_\_\_\_  
TIME FOR TOTS REGISTRATION FORM**

**Participant** \_\_\_\_\_ **DOB** \_\_\_\_\_

First Last

**Name of Parent/Guardian** \_\_\_\_\_

First Last

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Day Time Phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_

I give my son/daughter \_\_\_\_\_ permission to participate in the TIME FOR TOTS program that is being sponsored by the Moreno Valley Parks and Community Services Department. I hereby certify that my son/daughter is in good health and I have health insurance with \_\_\_\_\_.

I give permission for the minor in my custody to participate in the above mentioned activity and hereby waive, release and discharge any and all claims or right to claim for damages for any personal injury or property damage which may have, or which may hereafter occur to me, as a result of said minor's participation in said activity. This release is intended to discharge in advance the promoters, sponsors, employees, officials, and any involved municipalities or other public entities from and against any and all liability, which may arise out of negligence or carelessness on the part of the person's entities, mentioned above. From time to time, the City of Moreno Valley may videotape or take photographs of various Parks and Recreation classes or programs. These videos and photographs are to be used to promote the programs to the community of Moreno Valley. The video will be edited and cablecast on MVTV-3 at the discretion of the City Communications Department, and the photographs will be used in various print mediums.

It is further understood and agreed that this waiver, release and assumptions of risk is to be binding on my heirs and assigns.

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

**Emergency Names and Numbers:**

1. \_\_\_\_\_ **Phone** \_\_\_\_\_

2. \_\_\_\_\_ **Phone** \_\_\_\_\_

3. \_\_\_\_\_ **Phone** \_\_\_\_\_

Immunization record checked: \_\_\_\_\_

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**AGREEMENT**

I have read and understand the above stated policies and agree to abide by each of the policies. My child can participant only as long as I comply with each of the requirements.

\_\_\_\_\_ Date

\_\_\_\_\_ Parent/Guardian Signature

**EMERGENCY/ MEDICAL INFORMATION**

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Child's Physician / Phone \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_  
Date of Last TB Shot/Test/Assessment \_\_\_\_\_  
General Medical History/Medication \_\_\_\_\_  
Additional Comments: \_\_\_\_\_

**CHILD RELEASE INFORMATION**

Please list any individual that has your permission to pick up your child(ren). Your child(ren) will not be released to anyone whom is not on this list. You may update this list as often as needed.

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Relationship \_\_\_\_\_

**List anyone who is specifically not authorized to pick up your child.**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Relationship \_\_\_\_\_