

WELCOME
Back!

The City of Norco and Party Partners staff is glad you are here! Our goal is to serve you. Please read through this packet to become a participant of Party Partners. The checklist below will help you complete the registration process.

- Read through the Party Partners 2023-2024 Code of Conducts Hand Book. (Please initial on the registration form to show you understand all the rules.)
- Completely fill out the registration packet with current information. **Please do not leave any spaces blank.** Return at check-in, via fax 951.371.1553 or through email at partypardners@ci.norco.ca.us
- Get your picture taken for your personal name badge. You will receive your name badge when your registration packet is completed and turned in.
- This Completes the registration process. Now its time to Party!

If you have any questions about our program, registration, or events please ask one of the Party Partners staff for assistance. **We are glad to help you!**

Contact us if you have any questions:

Rose M. Eldridge Senior Center
2690 Clark Avenue Norco CA, 92860
Phone: 951.270.5647 Fax: 951.371.1553
Email: PartyPartners@ci.norco.ca.us

PARTY PARTNERS REGISTRATION FORM

Date received (For office use only) _____

GENERAL INFORMATION

Participant's Name _____

Birth day _____

Age _____

Race _____

Street address _____ City _____ Zip _____

Weight _____

Height _____

Sex _____

Phone # _____ Cell # _____

Applicant's annual income (funding purposes only) _____

Does participant live at home with his/her parent(s)? _____

Does Participant live at Peppermint Ridge? _____

Other? If so, where? _____

Name of Parent(s)/Guardian/Care provider _____

(Initial) _____ I have received, read, understand and will abide by the Party Partners Program Guidelines & Regulations Handbook

EMERGENCY INFORMATION

Address of Parent(s)/Guardian _____

#1 Person to contact who is legally able to make decisions in the event of an emergency _____

Address _____ City _____ Zip _____ Phone # _____ Cell # _____

#2 Person to contact who is legally able to make decisions in the event of an emergency _____

Address _____ City _____ Zip _____ Phone # _____ Cell # _____

Doctor's Name _____ Doctor's Address _____ Doctor's Phone # _____

Medical Insurance Name _____ Phone # _____ Identification # _____

MEDICAL INFORMATION

Describe physical, mental or emotional disabilities. Please be specific _____

Is there a history of seizure? **Y** **N** If yes, please explain type and frequency _____

List medications Participant takes regularly, dose/frequency _____

Allergies _____ Diabetes? **N** **Y** Cardiac Problems? **N** **Y**

Does Participant tend to wander or have special fears? _____

Describe Participant's communication skills _____

List any specialized equipment Participant use s _____

Will this participant be accompanied by one or more caregiver(s) ? If so, How many? _____

List any additional information you would like to share with us or feel we should know for the health, safety & wellbeing of participant : _____

VOICE AND IMAGE RELEASE FORM

I hereby grant to the City of Norco its respective licensees, successors and assigns (herin collectively called the "Licensed Parties"), the right to perpetually use, publish and copyright my name, voice, picture, portrait, likeness, occupation and testimonial in all media for the City of Norco.

I understand there will be no monetary remuneration for my participation in any advertising or promotion.

I understand that nothing herein obligates the Licensed Parties to use my name, voice, picture, portrait, likeness, occupation and testimonial in any advertising or promotion.

I release the Licensed Parties from any liability or damages resulting from the use of my name, voice, picture, portrait, likeness, occupation and testimonial in the manner described herein.

Printed Name of Participant: _____

Signature: _____ **Date:** _____
(Signature of Parent of Guardian if subject is under 18 years of age.)

Email: _____

