

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

Read through the Party Pardners 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 Pardners 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: PartyPardners@ci.norco.ca.us

PARTY PARDNERS REGISTRATION FORM

GENERAL INFORMATIO	N.			Date received (For office use only)			
Participant's Name			_	Birthday	Age	Race	
Street address	City	Zip		Weight	Height	Sex	
Phone #		Cell #		Applicant's an	nual income (fundir	ng purposes only)	
Does participant live at ho	me with his/	her parent(s)?					
Does Participant live at Pe	eppermint Ri	dge?					
Other? If so, where?							
Name of Parent(s)/Guardi	an/Care pro	vider		(In:Nol)	l have room	oived road understand on	
				will abide by th	ne Party Pardners F	eived, read, understand and Program Guidelines &	
EMERGENCY INFORMA	TION			Regulations H	andbook		
Address of Parent(s)/Gua #1 Person to contact who		le to make decisions in the ev	vent of an eme	ergency			
Address #2 Person to contact who	City is legally abl	Zip le to make decisions in the e	Phone # vent of an eme	ergency		Ceil #	
Address	City	Zip	Phone #			Cell #	
Doctor's Name		Doctor's Address			Do	ctor's Phone #	
Medical Insurance Name			Phone #		lde	entification #	
MEDICAL INFORMATION	l						
Describe physical, mental	or emotional	disabilities. Please be speci	ific				
s there a history of seizure	? Y N	If yes, please explain type a	and frequency				
List medications Participan	t takes regul	arly, dose/frequency					
Allergies					Diabetes? N Y	Cardiac Problems? N	
Does Participant tend to wa	ander or hav	e special fears?					
Describe Participant's con	nmunication	skills					
List any specialized equipn	nent Participa	ant use s					
Will this participant be acco	omnanied by	one or more caregiver(s) ? If	so. How many	2			

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:		



WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in Rose M. Eldridge Senior Center programs, related events, transportation and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS (insert name of sports organization) their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant:		
Participant signature:		
Date signed:		
Emergency Contact Information:		
Name:	Last	
Address:		
Street	City	Zip Code
Home Number: ()	Cell Number: ()	
Relationship:		