

CITY OF BOULDER CITY
PARKS AND RECREATION DEPARTMENT
900 ARIZONA STREET λ BOULDER CITY NV 89005
TELEPHONE (702) 293-9256

SUMMER TINY TOTS INFORMATION SHEET & RELEASE OF LIABILITY

Child's Name _____ Nickname _____

Phone _____ Age _____ Birthdate _____ Birth Cert. Verification _____

Address _____

Child resides with:

_____ Relationship _____ Occupation _____ Work Phone _____

_____ Relationship _____ Occupation _____ Work Phone _____

Person(s) who will pick up child and can be reach by phone during the day:

1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

3. _____ Relationship _____ Phone _____

Any restrictions for picking up child? _____

Person(s) to contact

in emergency 1. _____ Relationship _____ Phone _____

2. _____ Relationship _____ Phone _____

Others in household:

Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____ Name _____ Age _____ Relationship _____

Allergies, Medication & Other Health Problems (Please Describe) _____

RELEASE OF LIABILITY – SUMMER TINY TOTS PROGRAM – JUNE __, 20__ – JULY __, 20__

I, the undersigned, as a participant or parent/guardian of the participant in the Summer Tiny Tots Program sponsored by the Boulder City Parks and Recreation Department, do understand that, in consideration of the Parks and Recreation Department, I do release them, their officers, agents or employees from all liability demands or claims for loss, damage or injury resulting from participating in the Summer Tiny Tots Program for any dates from June __, 20__ to July __, 20__.

I have been informed by the City and I fully understand and agree that no insurance coverage whatever is being provided by the City, its agents or representatives, undertaking to indemnify, or in any other manner, guaranteeing the safety of any participant in the Summer Tiny Tots Program as to any injury or other peril or contingency resulting from participating in the Summer Tiny Tots Program, whether to persons or property. I recognize and understand that the Summer Tiny Tots Program requires that the participant be in good health. I warrant and declare that the participant is in good health. If the participant is a minor, I also give my consent for his/her participation in the Summer Tiny Tots Program, and for any necessary emergency medical treatment.

Signature of Parent/Guardian
sumtinytotsliab.for

Date