

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

**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) \_\_\_\_\_

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RELEASE OF LIABILITY – TINY TOTS PROGRAM – SEPTEMBER \_\_\_\_, 20\_\_ – MAY \_\_\_\_, 20\_\_

I, the undersigned, as a participant or parent/guardian of the participant in the 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 Tiny Tots Program for any dates from September \_\_\_\_, 20\_\_, to May \_\_\_\_, 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 Tiny Tots Program as to any injury or other peril or contingency resulting from participating in the Tiny Tots Program, whether to persons or property. I recognize and understand that the 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 Tiny Tots Program, and for any necessary emergency medical treatment.

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

tinytotliab.for

\_\_\_\_\_  
Date

