



Work Day: \_\_\_\_\_  
 EQ Kit: \_\_\_\_\_  
 Photo Release: \_\_\_\_\_  
 Tot Lot Agreement: \_\_\_\_\_  
 Days: M\_\_ T\_\_ W\_\_ Th\_\_ F\_\_

### TOT LOT REGISTRATION FORM

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Tot Lot # \_\_\_\_\_  
 Guardian #1 \_\_\_\_\_ Guardian #2 \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Secondary Phone # (cell or business) Mother ( ) \_\_\_\_\_ Father ( ) \_\_\_\_\_  
 Member's E-Mail Address \_\_\_\_\_  
 Person(s) Authorized to Call for Child \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Person(s) **Not** Authorized to Call for Child \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
 Additional Information Parents/Guardians Think the Group Should Know (**Include Allergies**) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In An Emergency, Notify person(s) representing the participating child:

\_\_\_\_ Call Parent first (Information Above) OR \_\_\_\_ 1<sup>st</sup> Choice representing the participating child

1st Choice \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Relationship \_\_\_\_\_  
 2nd Choice \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Relationship \_\_\_\_\_  
 3rd Choice \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Relationship \_\_\_\_\_

In case of emergency, if I am not immediately available, I authorize the "Member of the Day", or any of their assistants, to arrange for possible emergency medical and surgical care: \_\_\_\_\_

Guardian's Signature

Family Doctor \_\_\_\_\_  
 Name Address Phone #

I hereby certify that I am the parent or guardian of the aforementioned child and that I am entitled to his or her custody and control, and I do hereby give permission for my said child to participate in programs consisting of Tot Lot activities offered by the City of Lakewood. I further certify that said child is of good health, has no physical or other impediments which would endanger him or her in participating in such an activity program. I understand the risk involved in respect to such a program and do consent to my child's participation therein.

Child Hep B x3: \_\_\_\_\_ Guardian 1 Signed: \_\_\_\_\_  
 Child DTap x4: \_\_\_\_\_ Date: \_\_\_\_\_  
 Child Polio x3: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Child HIB x1: \_\_\_\_\_ Guardian 2 Signed: \_\_\_\_\_  
 Child MMR x1: \_\_\_\_\_ Date: \_\_\_\_\_  
 Child Var x1: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Adult MMR: \_\_\_\_\_  
 Adult TDap w/in 10 yrs.: \_\_\_\_\_  
 Adult TB w/in 4 yrs.: \_\_\_\_\_  
 Registration Fee and Date: \_\_\_\_\_

(For Official Use Only)

Resident  Non-Resident  Cash  Check # \_\_\_\_\_

**WAIVER, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE**

I, the undersigned, fully understand that my and/or my child(ren)'s participation in the activity(ies), hereinafter referred to as "EVENT/CLASS" exposes me and/or my child(ren) to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge my and/or my child(ren)'s voluntary participation in EVENT/CLASS and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of Lakewood, hereinafter referred to as "CITY", its officers, employees and agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my and/or my child(ren)'s voluntary participation in EVENT/CLASS from whatever cause, including the active or passive negligence of CITY, its officers, employees and agents or any other participants in EVENT/CLASS. The parties to this agreement understand that this document is not intended to release any party from any act or omission of gross negligence, as the term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in EVENT/CLASS, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless CITY, its officers, employees and agents from any and all claims, demands, actions or suits arising out of or in connection with my and/or my child(ren)'s voluntary participation in EVENT/CLASS.

I understand and agree that EVENT/CLASS may be recorded for viewing and/or listening by others during EVENT/CLASS and at a future date. I consent to CITY's use of audio and video recordings and photographs of me and/or my child(ren) during EVENT/CLASS and that CITY may use audio and video segments or photographs of me and/or my child(ren) for any purpose, including but not limited to news, advertising and promotional purposes, without compensation to me and/or my child(ren). I hereby release and hold harmless CITY from any claims relating to the use of my and/or my child(ren)'s likeness and image.

**I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.**

Guardian 1 Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian 2 Signed: \_\_\_\_\_

Date: \_\_\_\_\_