Please complete this form and submit at time of registration.

CHILD'S NAME _____ **BIRTHDATE** _____

CHILD'S ADDRESS _____ **HOME PHONE** _____
Street City Zip

MOTHER'S NAME _____

WORK PHONE _____ CELL PHONE _____

FATHER'S NAME _____

WORK PHONE _____ CELL PHONE _____

DOES YOUR CHILD REQUIRE ANY MEDICATION? **YES** ☐ **NO** ☐

IF YES, WHAT TYPE OF MEDICATION IS IT?_____

WHAT IS THE MEDICATION TAKEN FOR?_____

DOES YOUR CHILD HAVE ANY FOOD ALLERGIES? **YES** ☐ **NO** ☐

IF YES, WHAT FOODS?_____

EMERGENCY CONTACT INFORMATION (Must be someone other than Parent/Guardian)

NAME _____ **PHONE** _____

RELATIONSHIP TO CHILD _____

My child meets the age qualification and is potty trained. If my contact information changes, it is my responsibility to advise Escalante of this change, immediately, for the safety of my child.

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class / Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree, without any right of payment or of editing, to the use of images of me and/or my child(ren), including reproductions of photos, video, film, audio or other reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes.
- I agree to look to my private physician for medical advice and care and to notify my child's teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____.

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

_____ _____
PARENT OR GUARDIAN SIGNATURE **DATE**

I would like to register my child for the following program: (check one)

_____ Tiny Tots **AM** (3 & 4yr olds) _____ Tiny Tots **PM** (3 & 4yr olds)
_____ Kinder-Readiness **AM** (4 & 5yr olds) _____ Kinder-Readiness **PM** (4 & 5yr olds)

TOTAL DUE: $80 (Payment plan option is two payments: $40 due at registration and $40 due in October 2013.)

*** FOR OFFICE USE ***

[ ] Proof of Residency **[ ] Birth Certificate**

August 2013: _____ **(amount paid) Cash / Check / Credit** **Staff initials:** _____ **Date:** _____

October 2013: _____ **(amount paid) Cash / Check / Credit** **Staff initials:** _____ **Date:** _____