

# Welcome to Party Pardners!

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 Party Pardner. This checklist will help you complete the registration process.

- Read through the Party Pardners 2015-2016 Guidelines & Registration Handbook (Please initial on the registration form to show you understand all rules).
- Completely** fill out the registration packet with current information. **Please do not leave any blank spaces.** Return at check-in, via fax 951.371.15553 or email at [partypardners@ci.norco.ca.us](mailto:partypardners@ci.norco.ca.us)
- Get your picture taken for your personal name badge. You will receive a temporary name badge for your first visit.
- 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 Ave - Norco, CA 92860

Phone: 951.270.5647 Fax:951.371.1553

[www.norco.ca.us/depts/parks\\_recreation\\_n\\_community\\_services/](http://www.norco.ca.us/depts/parks_recreation_n_community_services/)

Parks  
Make  
Life  
Better!



*Some of our popular activities include:*

Spring Flings • Arts and Crafts

Family BBQ's • Formal Proms

Western Hoedowns • Pizza Nights

Comedy Nights • Winter Formals

Crazy Hat Nights • Talent Shows

Harvest Festivals

and much more!

*Donations graciously accepted to help defray the cost of entertainment, decorations and refreshments.*



*"We are devoted to recreation in all areas... the possibilities are endless!"*

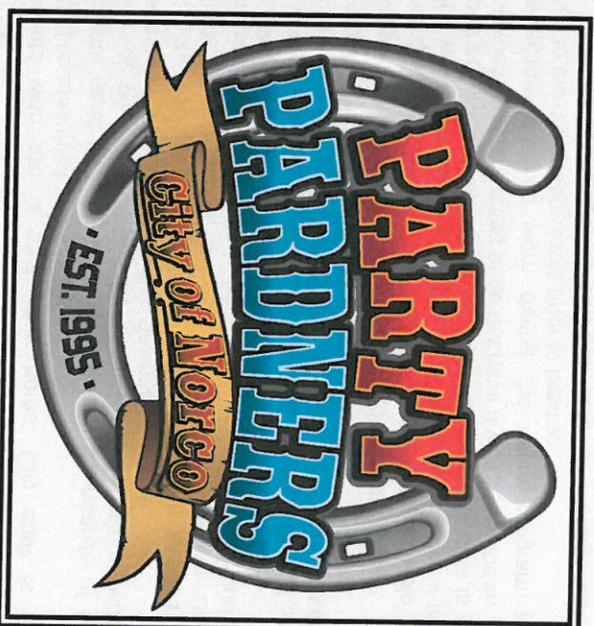
Party Pardners is funded by the City of Norco and the City of Corona CDBG Funds

City of Norco  
Parks, Recreation and Community Service Department

# Party Pardners

Guidelines & Regulations

2015-2016



2nd and 4th Friday Nights of each month

Norco Senior Center  
2690 Clark Avenue  
Norco, CA 92860  
Phone (951) 270-5647

**W**elcome to Party Parners! The City of Norco Parks, Recreation and Community Services Department is dedicated to improving the quality of life for people in our community. The mission of Party Parners is to promote active participation in leisure pursuits for developmentally challenged adults which provides them opportunities to socialize with their peers, interact with one another, enlarge their circle of friends and enrich the quality of their lives in a safe, wholesome environment. Helping people reach their dreams by overcoming unusual obstacles and challenges in combination with helping individuals and communities develop positive attitudes are central to our mission.

**P**arty Parners is a dedicated program which fosters human development through a variety of social interactions which promote learning and reinforce social skills. Through culturally diverse activities, we help to eliminate social barriers, creating independence, dignity, self-worth and respect.

**W**e are excited to continue the established creative programming of this program implemented in 1995 in response to community needs. The program gives families and individuals with varied degrees of disabilities the opportunity to enjoy personal development and wellness as well as serve as a role model for other communities to emulate. Among the battles these families and individuals face are congenital heart defects, cerebral palsy, autistic disorders, seizures, deafness, blindness, and mental challenges.

**R**ecreation activities develop and reinforce motor skills, and, most importantly, build self-esteem. The City of Norco Parks, Recreation and Community Services Department is proud to offer this program. These clients rely on the friendships they have made and their unending love, which is an inspiration to the human spirit. Mainstreaming these clients with diverse programming such as proms, family night BBQ's, fall carnivals, special holiday events, arts and crafts, movies and musical entertainment has been accepted with enthusiasm.

**W**ith the support of volunteers, service clubs, local businesses and caring staff, The City of Norco Parks, Recreation and Community Services Department has met the challenge of providing a quality service to the physically and developmentally challenged adults in our community.

*"We create community through people, parks, trails and programs!"*

**The following rules will be strictly enforced to ensure that our mission is met consistently:**

- Participants are required to have paperwork completed and turned in prior to attending event.
  - Proper respect shall be shown to participants and staff members in conversations and interactions at all times.
  - Participants who require assistance with personal hygiene, restroom skills or eating must always be accompanied by a care provider who can assist with these needs.
  - Participants will be presumed inactive and put on the waitlist if lack of participation is more than four consecutive weeks. This will give other registrants on the waitlist the opportunity to participate.
  - Participants who are ill must stay home. City staff is not permitted to administer any form of medication.
  - Participants must remain within the physical boundaries of the activities at all times unless supervised by a care provider. Refreshments must be eaten within designated areas.
  - Participants who engage in illegal acts will not be allowed to participate. This includes, but is not limited to, fighting, drug possession and possessing any type of weapon, including pocketknives. Alcohol is not allowed.
  - Participants must keep hands to themselves. "Holding hands" and "quick hugs" will be permitted. "Making out" and overly demonstrative acts will not be allowed.
  - The program begins promptly at 6:00 pm and ends at 8:30 pm.
  - All participants without a caregiver present are responsible for knowing where they will go at the end of the event and how they will get there. Norco Sheriffs may be called if a participant is unsure of where they are going or do not have a way to get there.
  - All nametags must be worn during the entire program and returned to the registration table prior to leaving.
  - Party Parners events are held at the Rose M. Eldridge Senior Center. Senior Center possessions, arts and crafts, projects, etc. are "off limits" to participants.
  - We cannot be responsible for lost or stolen items.
  - Participants who, in the opinion of staff, are consistently picked up late, will be unable to participate. Staff is not allowed to drive any participant home.
  - Participants who make it difficult for other participants or staff members or compromise the integrity of Party Parners will be removed from the Program.
- It is our desire that this program continue its success and that it be a source of enjoyment for each participant, a source of pride to Norco and a program that other communities can emulate. These simple rules will help ensure the safety of participants, the success of the program and the many good times we hope will be shared by the participants and staff alike.*

**Thank you for your support and cooperation!**



For office use only:	
Date received: _____	Name: _____ Staff Verified Signature: _____

**PARTY PARDNERS REGISTRATION FORM**

**GENERAL INFORMATION**

Participant's Name _____			Birthday _____	Age _____	Race _____
Street address _____	City _____	Zip _____	Weight _____	Height _____	Sex _____
Phone # _____	Cell # _____		Email _____		

Who is legally responsible for this participant: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name of Parent(s)/Guardian/Care provider: \_\_\_\_\_

**Where does the participant live: Check which apply:**

With Parents [ ] Independently [ ] Peppermint Ridge [ ] Other Residential Care Facility [ ]  
 If other, please specify facility name: \_\_\_\_\_

Please specify the house the participant lives in: \_\_\_\_\_ Facility Manager: \_\_\_\_\_

(initial) \_\_\_\_\_ I have received, read, understand and will abide by the Party Parners Program Guidelines & Regulations Handbook

**EMERGENCY INFORMATION**

#1 Person to contact who is legally able to make decisions in the event of an emergency \_\_\_\_\_

Address _____	City _____	Zip _____	Phone # _____	Cell # _____
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#2 Person to contact who is legally able to make decisions in the event of an emergency \_\_\_\_\_

Address _____	City _____	Zip _____	Phone # _____	Cell # _____
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Doctor's Name _____	Doctor's Address _____	Doctor's Phone # _____
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Medical Insurance Name _____	Phone # _____	Identification # _____
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**MEDICAL INFORMATION**

Describe physical, mental or emotional disabilities. Please be specific \_\_\_\_\_

Is there a history of seizure? Y N If yes, please explain type and frequency \_\_\_\_\_

List medications Participant takes regularly, dose/frequency \_\_\_\_\_

Allergies \_\_\_\_\_ Diabetes? N Y Cardiac Problems? N Y

Does Participant tend to wander or have special fears? \_\_\_\_\_

List any specialized equipment Participant uses \_\_\_\_\_

List any additional information you would like to share with us or feel we should know for the health, safety & well being of participant \_\_\_\_\_

**WAIVER, RELEASE AND INDEMNITY AGREEMENT**

The parent(s) of participant(s) must complete and return this agreement. It is understood that I (the participant), cannot participate in the Recreation activities until this WAIVER form has been completed. For additional information, please contact (951) 270-5647.

For and in consideration of permitting \_\_\_\_\_ to participate in  
(PRINT Participant's name)

Party Partdners Program, events, and activities, organized and sponsored by the City of Norco in the County of Riverside, the Undersigned hereby voluntarily forever releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to the Undersigned arising out of the participation in said program or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue, and the Undersigned does for himself/herself, his/her heirs, executors administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for himself/herself and for his/her heirs, executors, administrators or assigns shall not prosecute or present any claim for personal injury, property damage or wrongful death against the City of Norco, the City of Norco Parks and Recreation Department or any of its officers, agents, servants, or employees (hereinafter referred to as "Releasees") for any of said causes of action including, but not limited to, losses caused by the passive or active negligence of the Releasees.

The Undersigned acknowledges, understands and assumes the risks inherent in recreation activities and that said activities entail risks of physical injury to his/her person and property of the Undersigned and is participating with full knowledge of said risks. The Undersigned acknowledges, understands, and assumes the risks, if any, arising from the conditions of the various recreation facilities and parking lots it uses; and acknowledges and understands that this waiver includes, but is not limited to any action or cause of action arising from (1) the performance, or failure to perform, maintenance, inspection, supervision, control or security of said areas, (2) for the failure to warn of dangerous conditions as existing on/or near said locations, or (3) for any action by the spectators or (4) negligent supervision or selection of volunteers, spectators, other participants, or staff members (5) for any hidden, latent or obvious defects or dangerous conditions existing on/or near said locations.

IT IS THE INTENTION OF \_\_\_\_\_ BY THIS INSTRUMENT  
(PRINT participant's name)

TO EXEMPT AND RELIEVE RELEASES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES.

The undersigned, for himself/herself, his/her heirs executors, administrators or assigns agrees that in the event any claim for the Undersigned's personal injury, property damage or wrongful death shall be prosecuted against Releases he/she shall indemnify and save harmless Releases from any and all claims or causes of action by whomever or wherever made or presented for the Undersigned's personal injuries, property damage or wrongful death. The Undersigned acknowledges that he/she has read the foregoing paragraphs, has been fully and completely advised concerning same and is fully aware of the legal consequences of signing this document. Based upon my independent evaluation of the risks, I REAFFIRM MY ASSUMPTION OF THE RISKS AND DANGERS SET FORTH ABOVE.

I have read and hereby agree to abide by the City of Norco Recreation Activity Rules as set forth in the Party Partdners Guidelines and Regulations Handbook. I further acknowledge that my participation in the City of Norco Recreation Activities will be in jeopardy should I fail to adhere to the rules. Furthermore, I/we give my/our permission to have the above named participant treated in the event of accident or illness.

\_\_\_\_\_  
Signature of Participant if solely responsible for self /Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

**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:** \_\_\_\_\_