

FAIRLAWN SAFETY TOWN

Registration Form

Childs Name: _____ Date of Birth: _____

Home Address: _____

Session Preference: 9:00am-11:30am _____ 1:00pm-3:30pm _____ Either _____

Parent Email Address: _____

Mother/Guardian Name: _____ Phone: _____

Father/Guardian Name: _____ Phone: _____

School child will attend in fall 2020: _____ Grade: _____

*****Session preferences are not guaranteed*****

Person to notify in case of emergency: _____

Relationship to child: _____ Emergency Phone: _____

Please list any allergies, conditions or behavioral problems that you feel are pertinent. Also list any special medical or dietary requirements for your child: _____

Parental/Guardian Consent

I hereby give my permission for my child to participate in the City of Fairlawn Safety Town Program. I understand and agree that my child must follow the rules and directions given by the Fairlawn Police Department. I hereby give my consent for the use of photographs related to these activities. I hereby confirm my child's physical fitness and ability to participate. I agree to waive and relinquish all claims, demands and causes of action against the City of Fairlawn, its employees or agents for any injuries or damages which may occur as a result of the Safety Town activities. In the event of an emergency and if all reasonable attempts to reach parents/guardians with given phone numbers is unsuccessful, I hereby give my consent for the administration of emergency first aid treatment and/or transfer to an emergency medical facility.

Parent or Guardian Signature

Date