

North Olmsted Police Department 2023 Safety Town Registration Form

USE A SEPARATE FORM FOR EACH CHILD BEING ENROLLED

Child's Name:		Email:
Parent Name:		<input type="checkbox"/> Home Phone:
Address:		<input type="checkbox"/> Cell Phone:
City/Zip:		<input type="checkbox"/> Work Phone:
Birth Date:	Gender: M F	Choose one phone number above for your child to learn
Child's name as you want it written on the Certificate:		

EMERGENCY CONTACT INFORMATION:

Name / Relationship:	
Phone Number(s)	

Choose ONLY ONE session per child – Fee: \$25.00 per child

- June 19 – June 23: 9:00am -11:00am
- June 19 – June 23: 1:00pm -3:00pm
- June 19 – June 23: 5:00pm -7:00pm
- June 26 – June 30: 9:00am -11:00am
- June 26 – June 30: 1:00pm -3:00pm

<p>Method of Payment:</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check # _____</p>	<p>Staff _____</p> <p>Receipt # _____</p>
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RELEASE FORM: As the parent or legal guardian of the above-named child who desires to participate in the activities of the North Olmsted Police Departments Safety Town, fully understand the program offered by the North Olmsted Police Department. In Particular, I understand that participants in recreational activities risk physical injury when participating in, being around, or traveling to or from such activities, be it games, practices, or related recreational functions. I consent to said child's full participation in all of the activities of the North Olmsted Safety Town, including those mentioned above. I hereby on behalf of myself, said child, and all parents and guardians of said child, waive the right to sue, release from liability, absolve, indemnify and agree to hold harmless the City of North, and the North Olmsted Police Department for and from any claim arising out of any injury to said child.

Parent Signature: _____ Date: _____

As the parent or legal guardian of the above-named child who desires to participate in the activities of the North Olmsted Police Departments Safety Town, I hereby consent to the use of photographs/videotape taken during the course of the Safety Town program for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Parent Signature: _____ Date: _____