

# Safety Town Registration Form

Date Registered: \_\_\_\_\_ (No forms will be accepted after July 1<sup>st</sup>)

Child's Name:

\_\_\_\_\_  
(First) (Last)

Child's Address:

\_\_\_\_\_  
(House number and Street) (City and Zip Code)

T-Shirt Size:	XS	S	M	L	XL

T-Shirt Quantity: \_\_\_\_\_ (Shirts are Children Sizes)

Parent(s)/Legal Guardian(s) and contact number: \_\_\_\_\_

Physician and contact number: \_\_\_\_\_

Emergency contact (another adult) and contact number: \_\_\_\_\_

Medical conditions, allergies, handicaps that should be known to staff: \_\_\_\_\_

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\_\_\_\_\_ I DO give consent for release of my child's photograph for publicity purposes.

\_\_\_\_\_ I DO NOT give consent for photographs to be taken.

Having made application for my child to, I hereby permit said child to participate in all the activities of said SAFETY TOWN.

Further, I hereby give my/our consent for emergency medical treatment should that be necessary, for the child/children named above, at the closest appropriate medical facility.

By signing this authorization, I/we are hereby certifying that I/we are the parent(s) or legal guardian(s) of the above named child/children and have the authority to sign and make these authorizations.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

Return completed forms by July 1st to:

Smithville Police- Attn: Officer Wertz  
207 West Main Street, Smithville, OH  
44677 P.O: Box 517

Email Address: \_\_\_\_\_