

Office Use

# Waterville Safety City 2015

Office Use

Student Registration Form (Please Print Clearly)

Registration Fee: \$30.00

**COURSE DATES AND TIMES** Mark first choice with a  and second choice with a 
 **Session One:** 9:00 am -12:00 pm

June 22,23,24,25,26

 **Session Two:** 1:00 pm -4:00 pm

June 22,23,24,25,26

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## PARENT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MEDICAL INFORMATION** List any medical problems or information our staff should be aware of (allergies, Medications, etc.)

## EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## WAIVER OF LIABILITY

I, personally and on behalf of the family members of the above listed child agree to defend, indemnify and hold harmless the City of Waterville, its agents, employees and representatives, in their official and individual capacities from any and all liability claims, demands, suits, losses, damages and costs, including, but not limited to, attorney's fees, expenses, court cost, and interest, for or arising out of or in connection with the Waterville Safety City Program or from any activity, work, or thing done, permitted or suffered by the above listed child in or about the Safety City Program whether it be caused or arise out of the negligence or claim of the child or any of its family members or individuals invited to the activity conducted in connection with the Waterville Safety City Program or by the negligence of the City of Waterville or its employees, representatives or agents.

Parent / Legal Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

Please return this registration form to the Waterville Police Department at 25 North Second Street, Waterville Ohio 43566 along with \$30.00 cash or a check (non-refundable) payable to the City of Waterville c/o Safety City Program. If you have any questions

Call: (419) 878-8184 Monday through Friday 8:00 am to 4:00 pm.