

Office Use

Waterville Safety City 2017

Office Use

Student Registration Form (Please Print Clearly)

Registration Fee: \$30.00

COURSE DATES AND TIMES Mark first choice with a 1 and second choice with a 2

Session One: 9:00 am -12:00 pm
July 10,11,12,13,14

Session Two: 1:00 pm -4:00 pm
July 10,11,12,13,14

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.