



WATERVILLE POLICE DEPARTMENT

25 North Second Street
Waterville, Ohio, 43566

Non-Emergency: 419-255-8443 Office: 419-878-8184 Fax: 419-878-4256

SAFETY CITY 2024 REGISTRATION INSTRUCTIONS

Safety City is scheduled for **July 15 – July 19, 2024.**

1. There will be 2 sessions. The first will be scheduled from 9:00 AM to Noon. The second one will be scheduled for 1:00 PM to 4:00 PM.
2. Registration Fee is \$40.00, this is due when the forms are turned in. There are no refunds.
3. There is room for a total of 60 students, 30 students in the morning class and 30 students in the afternoon class.
4. The sign up is for Waterville Pre-Kindergarten and Kindergarten aged residents. Registration closes June 1, 2024. We will accept non-Waterville Pre-Kindergarten and Kindergarten aged residents after June 1, if there is capacity.
5. Fill out all necessary forms (Student registration, Consent Release Waiver, Fingerprint consent, and Pick-up Form – if applicable) and bring them to the Waterville Police Department between the hours of 8:00 AM and 4:30 PM during business hours Monday through Friday. Bring the registration fee of \$40.00 cash or a check (non- refundable) made out to the City of Waterville c/o Safety City Program.
6. If you have any questions, please contact the Waterville Police Department during business hours, phone # 419-878-8184 or email Officer A.J. Glover at Aglover@waterville.org
7. You will receive a confirmation email after submitting your registration. Officer Glover will send out further important Safety City instructions and material in late May-early June.

Office Use

Waterville Safety City 2024

Office Use

Student Registration Form (Please Print Clearly)**Registration Fee: \$40.00****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 15, 16, 17, 18, & 19 - 2024

☐ **Session Two:** 1:00 pm - 4:00 pm

July 15, 16, 17, 18, & 19 - 2024

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 _____ Email _____

Home Address _____ City _____ State _____ Zip Code _____

Name _____ Relationship _____

Phone _____ Email _____

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 \$40.00 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 or email Officer Glover at Aglover@waterville.com



WATERVILLE POLICE DEPARTMENT

25 North Second Street
Waterville Ohio, 43566

419-878-6666 – Emergency

419-878-8184 – Office

419-878-4256 - Fax

CONSENT, RELEASE AND WAIVER
PHOTOGRAPHS AND/OR VIDEO TAPES
FOR
THE SAFETY CITY PROGRAM

The undersigned parents and/or guardian of _____, a minor, for and in consideration of the services provided by the Waterville Police Department of the City of Waterville, Ohio, and for other good and valuable consideration, the receipt of which is hereby acknowledge by the undersigned, do hereby consent to have the Waterville Police Department and the Mirror Newspaper photograph and/or video tape said child, the ***photographs and/or videotapes will be used for class pictures and promotional purposes for the Safety City Program*** and do hereby waive, release, and forever discharge the City of Waterville, Ohio, a municipal corporation, the Waterville Police Department, and their agents, successors, and assigns from any and all claims and causes of action of any kind or nature which the undersigned may have, or in the future can, shall, or may have on account of any and all damages, losses, or injuries to persons or property, or both, known and unknown, resulting or to result from photographing and/or video taping of said child.

It is hereby acknowledged that the photographs and/or videotapes of said child is being done at the voluntary request of said child and the undersigned.

The undersigned hereby declare that the terms of this consent, release and wavier have been completely read and are fully understood and voluntarily accepted for the purpose of aforesaid and for the express purpose of precluding forever any further or additional claims arising out of aforesaid photographs and/or video tapes.

Signature of Parent or Guardian

Date

**CONSENT, RELEASE AND WAIVER FOR
FINGER PRINTING OF CHILD
FOR SAFETY CITY PROGRAM**

The undersigned parents and/or guardian of _____, a minor, for and in consideration of the services provided by the Waterville Police Department of the City of Waterville, Ohio, and for other good and valuable consideration, the receipt of which is hereby acknowledged by the undersigned, do hereby consent to have the Waterville Police Department & Justice for Sierah Foundation fingerprint said child for the Safety City Program and do hereby waive, release, and forever discharge the City of Waterville, Ohio, a municipal corporation, the Waterville Police Department, the Justice for Sierah Foundation, and their agents, successors, and assigns from any and all claims and causes of action of any kind or nature which the undersigned may have, or in the future can, shall, or may have on account of any and all damages, losses, or injuries to persons or property, or both, known and unknown, resulting or to result from the fingerprint of said child.

It is hereby acknowledged that the fingerprint of said child is being done at the voluntary request of said child and the undersigned.

The undersigned hereby declare that the terms of this consent, release and wavier have been completely read and are fully understood and voluntarily accepted for the purpose of aforesaid and for the express purpose of precluding forever any further or additional claims arising out of aforesaid fingerprinting.

Signature of Parent or Guardian

Date

Signature Witness

Date



Pick-Up Form

I give permission for _____

to pick up my child _____

for the following dates:

☐

July 15

☐

July 18

☐

July 16

☐

July 19

☐

July 17

Signature of Parent: _____

Date: _____

Signature of Witness: _____

Date: _____