

Office Use

Back to School Bicycle Safety Seminar

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Registration Fee: FREE**EVENT
DETAILS**

Event is held at the City of Waterville Fire Department. We will meet and conclude in the training room (north parking lot doors). Event is for current or incoming Waterville Primary School students only.

STUDENT INFORMATION

Last Name _____ First Name _____ Grade Level: _____

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 Back to School Bicycle Safety Seminar or from any activity, work, or thing done, permitted or suffered by the above listed child in or about the Back to School Bicycle Safety Seminar 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 Back to School Bicycle Safety Seminar 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. If you have any questions Call: (419) 878-8184 Monday through Friday 8:00 am to 4:00 pm.