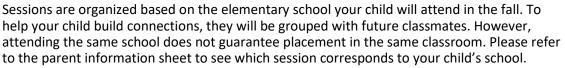


## REGISTRATION FORM SESSION #





CHILD'S	AGE:	DATE OF BIRTH:	M / F
NAME:  CHILD'S ADDRESS:	PHON	E: ZIP:	
SCHOOL TO ATTEND IN SEPT:			
FAMILY DOCTOR:	LOCATION:	PHONE:	
IN CASE OF AN EMERGENCY (IN PAREN	TS ABSENCE) NOTIFY:	PHONE:	
MOTHERS NAME:	HOME PHONE:	WORK:	
FATHERS NAME:	HOME PHONE:	WORK:	
LIST ANY MEDICAL PROB	LEMS ON THE BACK OF THIS AP	PLICATION.	
	PLEASE READ CARE	FULLY	
RELEASE OF LIABILITY			
I hereby grant permission by my program activity sponsored by the	signature on the Safety Town Registration Mansfield Division of Police.	n Form for my son/daughter to partici	pate in the above
hereby for myself, my child, my h participating in such a program conducted, and release agents, an	o the activities offered by the Mansfield D eirs, executors, administrators, and assign and activities while entering, being about d servants of and form any and all actions, and save harmless said city, its officers, en	ns do hereby assume all risk of person ut, or leaving the property where su cause of actions, claims, demands, dar	al injury or death ich programs are mages, cost in any
	e full knowledge that by signing the Safety from the above entities and individuals t		
I UNDERSTAND AND AGREE TO TH	E RELEASE OF LIABILITY FOR ALL PARTICIPA	ANTS IN ALL SAFETY TOWN SESSIONS.	
DATE: SIGI	NATURE:		
PHOTO RELEASE			
	DO NOT GIVE PERMISSION to t dia including the Mansfield Division of Po		
I understand that these photos wi child's school, is strictly confidenti	ill never identify my child and that all info al.	rmation that identifies me, my child, r	ny residence, or my
I understand that photos may be o	ropped or digitally retouched at the discre	tion of the Mansfield Division of Police	
DATE: SIGI	NATURE:		