

MANSFIELD POLICE SAFETY TOWN

REGISTRATION FORM

SESSION # _____



Sessions are organized based on the elementary school your child will attend in the fall. To help your child build connections, they will be grouped with future classmates. However, attending the same school does not guarantee placement in the same classroom. Please refer to the parent information sheet to see which session corresponds to your child's school.

CHILD'S NAME:	AGE:	DATE OF BIRTH:	M F
CHILD'S ADDRESS:	PHONE:	ZIP:	
SCHOOL TO ATTEND IN SEPT:			
FAMILY DOCTOR:	LOCATION:	PHONE:	
IN CASE OF AN EMERGENCY (IN PARENTS ABSENCE) NOTIFY:		PHONE:	
MOTHERS NAME:	HOME PHONE:	WORK:	
FATHERS NAME:	HOME PHONE:	WORK:	

LIST ANY MEDICAL PROBLEMS ON THE BACK OF THIS APPLICATION.

PLEASE READ CAREFULLY

RELEASE OF LIABILITY

I hereby grant permission by my signature on the Safety Town Registration Form for my son/daughter to participate in the above program activity sponsored by the Mansfield Division of Police.

In consideration of acceptance into the activities offered by the Mansfield Division of Police I/We, intending to be legally bound, do hereby for myself, my child, my heirs, executors, administrators, and assigns do hereby assume all risk of personal injury or death participating in such a program and activities while entering, being about, or leaving the property where such programs are conducted, and release agents, and servants of and from any and all actions, cause of actions, claims, demands, damages, cost in any way connected and will indemnify and save harmless said city, its officers, employees, agents, and servants from any such liability.

I/We further understand and have full knowledge that by signing the Safety Town Registration Form, I/We hereby give up all rights to recover any and all damages from the above entities and individuals that may be suffered as a result of such activities and programs.

I UNDERSTAND AND AGREE TO THE RELEASE OF LIABILITY FOR ALL PARTICIPANTS IN ALL SAFETY TOWN SESSIONS.

DATE: _____ SIGNATURE: _____

PHOTO RELEASE

I/We GIVE MY PERMISSION _____ DO NOT GIVE PERMISSION _____ to the Mansfield Division of Police to use digital photographs of my child in print and other media including the Mansfield Division of Police's website, exclusively for promotion of the Mansfield Division of Police programs.

I understand that these photos will never identify my child and that all information that identifies me, my child, my residence, or my child's school, is strictly confidential.

I understand that photos may be cropped or digitally retouched at the discretion of the Mansfield Division of Police.

DATE: _____ SIGNATURE: _____

Mail completed form to: Mansfield Police Division, Safety Town Program, 30 N. Diamond Street, Mansfield, Ohio 44902

MANSFIELD POLICE **SAFETY TOWN**

PLEASE LIST ANY MEDICAL PROBLEMS BELOW: