



# SAFETY TOWN 2017 REGISTRATION/EMERGENCY FORM

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ALLERGIES/HEALTH PROBLEMS \_\_\_\_\_

ADDITIONAL NOTES \_\_\_\_\_

If someone else will be picking up my child from Safety Town or I am unable to be reached the following local person(s) who has a car available and can pick up my child.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Please number, in order of preference, your choice of session:

- \_\_\_\_\_ #1060 - June 26 — 30, 2017 9am – 12pm
- \_\_\_\_\_ #1061 - June 26 — 30, 2017 1pm – 4pm
- \_\_\_\_\_ #1062 - July 10 — 14, 2017 9am – 12pm
- \_\_\_\_\_ #1063 - July 10 — 14, 2017 1pm – 4pm **\*Big Kids Ages 6 - 11**

Please initial each statement to indicate your agreement and sign at the bottom. Please do not change or modify the following statements. Modified statement will not be accepted.

- \*My child may be photographed during Safety Town for use in promotion of program. \_\_\_\_\_(please initial)
- \*My child may walk to the South Lyon firehouse for a tour and presentation of the fire house and equipment. \_\_\_\_\_(please initial)
- \*In the event of an accident or injury, and I am unable to be reached, I authorize program personnel to transport my child to the nearest emergency facility where he/she may be treated by a licensed physician until I may be reached. \_\_\_\_\_(please initial)
- \*In consideration for the forgoing, I for myself, my child, my executors, administrations and assignees do hereby release and discharge all sponsors, coordination groups, volunteers and any individuals associated with the event, for all claims or damages, demands, actions and whatsoever in manner arising or growing out of my or my child's participation in said event. South Lyon Area Recreation Authority will not provide health and/or accident insurance for program participants. \_\_\_\_\_(please initial)

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*\*PLEASE COMPLETE AND RETURN THIS FORM WITH PAYMENT TO  
SOUTH LYON RECREATION AUTHORITY ~ 318 W. LAKE STREET, SOUTH LYON\*\***

**Resident Fee: \$90      Non-Resident Fee: \$113**