

Team \_\_\_\_\_ **Whitehouse Safety Town 2017** Check # \_\_\_\_\_ Cash

**Student Registration Form (Please Print Clearly)**

**Registration Fee: \$30.00**

**DATES AND TIMES:**

June 26-30, 2017 9:00-12:30

**STUDENT INFORMATION** Shirt Size **XS S M L**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PARENT INFORMATION** Email address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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 Village of Whitehouse, 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 Whitehouse Safety Town Program or from any activity, work, or thing done, permitted or suffered by the above listed child in or about the Safety Town 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 Whitehouse Safety Town Program or by the negligence of the Village of Whitehouse or its employees, representatives or agents.

Parent / Legal Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature X \_\_\_\_\_ Date \_\_\_\_\_

Please return this registration form to the Whitehouse Police Department at 6925 Providence Street, PO Box 2476, Whitehouse, Ohio 43571 along with cash or a check payable to the Village of Whitehouse c/o Safety Town Program. If you have any questions Call: (419) 877-9191 Monday through Friday 9:00 am to 2:00 pm.