

# Registration Form

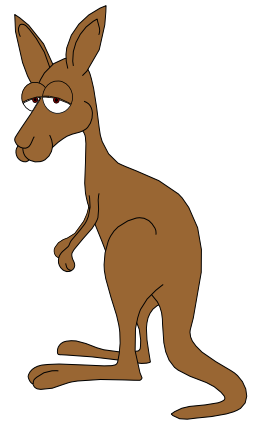
for children entering Kindergarten – Fall 2024

## Safetyville (Orrville)

38<sup>th</sup> Year

## Safetyvillage (Dalton)

28<sup>th</sup> Year



*Safety Kasey*

2024

Safetyville and Safetyvillage is the same program held morning and evening for your convenience. It is a week-long fun and educational community based program with the purpose of helping children become more aware of general safety practices. Some of the issues covered include the use of seat belts, traffic safety, poison awareness, fire safety, dealing with strangers, and riding a school bus. Various group games and audio-visual presentations will help to reinforce this information. Class will meet rain or shine, and students will need to dress for outside activities.

**Safetyville** - This program will be held at **St. Agnes** in **Orrville** from **9:30-11:30am, June 10-14, 2024.**

**Safetyvillage** - This program will be held at **Dalton Elementary School** from **6:00-8:00pm, June 10-14, 2024.**

Cost for the program, including T-shirt is **\$20.**

**To register: mail registration and emergency medical forms along with cash or check payable to Trinity Christian Preschool, 1556 Rex Drive, Orrville, OH 44667 no later than Friday, May 24<sup>th</sup>. If you have questions call 682-1383.**

(Check one) Safetyville (Orrville) \_\_\_\_\_ Safetyvillage (Dalton) \_\_\_\_\_

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

(Check one) Male \_\_\_\_\_ Female \_\_\_\_\_

T-shirt size (circle one) youth sizes-      small      medium      large  
(6-8)      (10-12)      (14-16)

Parent/Guardian names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### **Waiver & Release**

I understand that participation in the above involves certain inherent risks and regardless of the precautions taken by the sponsors or the participants, some injuries may occur. The likelihood of such injuries may be lessened by adhering to the safety rules. I further certify that my child's present level of physical condition is consistent with the demands of active participation in the program named above. I do further release, absolve, indemnify, and hold harmless the TCP, the organizers, sponsors, supervisors, volunteers, and officials, any of all of them of the program named above. In case of injury to my son/daughter, I hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed to them. I am voluntarily requesting permission for my son/daughter to participate in the program.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

# Safetyville/Safetyvillage

## Emergency Medical Authorization

Child's Name		Home Phone		Cell Phone
Home Address		City	State	Zip Code
Parent/Guardian Name			Relationship to Child	
Parent's Work Name			Parent's Work Phone	
What phone number can we reach you while your child is in this program?				
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. This person must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.				
Name		Name		
Phone Number	Relationship to Child	Phone Number	Relationship to Child	

**Please list important information we need to be aware of concerning the child's medical history (including allergies, medications being taken, or physical conditions):**

### **PART 1 – TO GRANT CONSENT**

If reasonable attempts were made to contact me at the above home, cell or work phone numbers, or through the emergency contact numbers listed above have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by our preferred physician and dentist listed below and (2) the transfer of the child to preferred hospital or clinic or any readily accessible.

Physician's Name		Phone Number	
Dentist's Name		Phone Number	
Name of Hospital/Clinic		Street Address	
City	State	Phone Number	

In the event the designated preferred physician and dentist are not available, I (we) give consent for the use of another licensed physician or dentist. This authorization does not cover major surgery, unless the medical opinions of another licensed physician or dentist is obtained before the surgery is performed.

Parent's Signature	Date
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### **DO NOT COMPLETE PART 2 IF YOU COMPLETED PART I**

### **PART 2 – REFUSAL OF CONSENT**

I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring medical emergency treatment, I do not want Safetyville/Safetyvillage to take any action.

Parent's Signature	Date
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