



# Fairview Park Recreation Department 2024 Safety Town/Adaptive Safety Town Registration Form

*Residents & Members: Registration begins April 5*

*Non-Residents: Registration begins May 3*



Please use a separate form for each child enrolled (this form may be copied)

Child Name		Email	
Parent Name		Home Phone	
Address		Cell Phone	
City/Zip		Work Phone	
Birthdate	Gender M F	Member Y N	School
Shirt Size YS YM YL AS AM AL			

**Please Choose ONE session per child!**

**Fee M: \$45 RNM: \$50 NR: \$55**

<b>Session 1:</b>	<b>June 24-June 28: 9:30am-11:30am</b>	
<b>Session 2:</b>	<b>June 24-June 28: 12:30pm-2:30pm</b>	
<b>Session 3:</b>	<b>July 29-August 2: 9:30am-11:30am</b>	
<b>Session 4:</b>	<b>July 29-August 2: 12:30pm-2:30pm</b>	
<b>Adaptive Safety Town Session 1:</b>	<b>July 29-August 2: 1:00pm-2:30pm</b>	

**Total Due:**

<input type="checkbox"/> Registered Online	Staff _____
<input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check # _____	Receipt # _____

**RELEASE FORM:** We, the parents or legal guardians of the above named child who desires to participate in the activities of the Fairview Park Recreation Department, fully understand the program offered by the Recreation Department. In particular, I understand that participants in recreational activities risk physical injury when participating in, being around, or traveling to or from such activities, be it games, practices, or related recreational functions. Nevertheless, I consent to said child's full participation in all the activities of the Recreation Department, including those mentioned above. I hereby on behalf of myself, said child, and all parents and guardians of said child, waive the right to sue, release from liability, absolve, indemnify and agree to hold harmless the Fairview Park Recreation Department, its organizers, sponsors, supervisors, coaches, participants and persons transporting said child to or from the recreational activities, for and from any claim arising out of any injury to said child. The consideration of this release is the pleasure and benefit occurring to me and to said child as a result of his/her participation in the recreational activities, which consideration I deem to be sufficient for the granting of this release.

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

# Fairview Park Recreation 2024 Safety Town Medical Form

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

## Parent/Guardian Information

Mother's Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

## IN CASE OF AN EMERGENCY/SPECIAL SITUATION PLEASE SPECIFY AUTHORIZED PERSON(S) TO PICK UP YOUR CHILD:

Below is a list of people authorized to pick up my child from the Safety Town/Camp Program. (Picture ID requi

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

No one other than the parent/guardian or those listed above will be permitted to pick up a child. Parents must notify us in writing in advance of any changes to the list. NO EXCEPTIONS WILL BE MADE.

Does your child have any disabilities, physical conditions, behavioral concerns or distinguishing marks the staff should be aware of?

\_\_\_\_ Yes      \_\_\_\_ No      If yes, please explain: \_\_\_\_\_

Does your child require any accommodations, special assistance or auxiliary aids?

\_\_\_\_ Yes      \_\_\_\_ No      If yes, please explain: \_\_\_\_\_  
(ADHD, Autism, Sensory Impairment, Allergies, etc.)

Also, please list any and all prescription medications (i.e. Ritalin) currently being taken:

\_\_\_\_\_

Other Conditions/Needs: \_\_\_\_\_

## Additional Medical Information

Physician's Name: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## PLEASE COMPLETE PART I OR PART II BELOW

### Part I: Permission to Transport Child

I give the City of Fairview Park Gemini Center permission to transport \_\_\_\_\_ to  
(Name of child)

\_\_\_\_\_ for  
(Name of hospital/clinic)

Emergency medical care or to \_\_\_\_\_ for emergency dental care.  
(Name of dentist/clinic)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part II: Refusal to Grant Permission

I DO NOT GIVE the City of Fairview Park Gemini Center permission to transport \_\_\_\_\_  
(Name of child)

for emergency medical or dental care. In the event of an illness or injury which requires medical or dental treatment, I wish the City of Fairview Park Gemini Center to take the following actions:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_