

Kindergarten Safety Town 2021

Berkshire School District

Registration Form

Please submit this form by July 23, 2021

PAID:

\$ _____

Child's Name: _____

Age: _____ Birth date: _____ Phone(s): _____

Mailing Address: _____

Circle Shirt Size: S (6-8) M (10-12) L (14-16)

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Checks Payable to: Village of Burton Police Department

Mailing Address: Village of Burton Police Department

Safety Town

PO Box 408

Burton, OH 44021

Release of Liability

In an emergency and we cannot be contacted, I hereby authorize the adult in charge at the scene to use his/her best judgment in calling EMS or having child taken to the nearest hospital.

In consideration of accepting this registration, I fully understand that all of the rules and regulations that apply to the program are to be strictly adhered to under the direction of the Village of Burton Police Department and the program staff.

In consideration of accepting this participation agreement, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all rights and claims for damages that I or my child may have suffered against the Village of Burton, it's representatives and employees, for any and all injuries suffered by myself or my child at any activity sponsored by the Village of Burton Police Department. I hereby assume full responsibility for medical coverage in the event that my child or I sustain any injuries prior to, during or after participation in any sponsored event.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS RELEASE OF LIABILITY, AND SIGN IT VOLUNTARILY.

Signature of parent or legal guardian (over 18 years old)

Relationship

Date