



# HUBER HEIGHTS POLICE DIVISION

## SAFETY TOWN ENROLLMENT FORM



Participant Name: \_\_\_\_\_

Parent / Legal Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_M\_\_\_F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Glasses: \_\_\_Y\_\_\_N Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Distinguishing Marks: \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

### RELEASE OF LIABILITY – PHOTO RELEASE – MEDICAL TREATMENT RELEASE

I hereby release and hold harmless the City of Huber Heights, Huber Heights City Schools and all of its employees, agents, volunteers and representatives from any and all claims, costs, damages and liabilities for any injuries sustained by my minor child's participation in Safety Town. I understand that this program does not include accident or personal property insurance. I further represent that my child is physically capable of participating in the program in which my child is enrolled.

I  **DO GIVE CONSENT**  **DO NOT GIVE CONSENT** to the Huber Heights Police Department and/or Huber Heights City Schools to use digital photographs of my child in print and other media including the City of Huber Heights, the Huber Heights Police Division and/or the Huber Heights City Schools website, exclusively for promotion of programs.

Further, in case of an accident or serious illness, I authorize the staff of Safety Town to call the physician listed above for instructions or seek emergency medical assistance if deemed necessary.

### APPROVAL FOR FIELD TRIP

I give my permission for my child to participate in a bus ride and go to fire station.

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

Please indicate your **FIRST CHOICE** and **SECOND CHOICE** class you would like your child to attend. Please use a separate form for each child. **NUMBER OF CHILDREN PER SESSION IS LIMITED TO 20. THIS IS A FIRST COME / FIRST SERVE BASIS.**

Class #1	July 12 - 16	9am – 11am
Class #2	July 12 - 16	1pm – 3pm
Class #3	July 26 - 30	9am – 11am
Class #4	July 26 - 30	1pm – 3pm

**FIRST CHOICE:** \_\_\_\_\_ **SECOND CHOICE:** \_\_\_\_\_

**\*\*\*\*\*PLEASE READ\*\*\*\*\***

Classes are held at Valley Forge Elementary School, located at 7191 Troy Manor Rd. We ask that your child arrive between **15 and 30 minutes prior** to start of class to sign in. Officers will begin class **PROMPTLY**. You will receive an email confirmation / reminder the week prior to your child's class.

When picking up your child, you will need to show **valid ID** (i.e., driver's license) prior to your child's release. If someone else (i.e., babysitter, carpooler, etc.) will be picking up your child, **they will also need to show a valid id**. Please be sure to let that person know. No child will be released to anyone without valid id. We ask that you please list those you would like to designate to pick up your child.

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_ (must show valid id)

Designated to pick up child: \_\_\_\_\_ (must show valid id)

Designated to pick up child: \_\_\_\_\_ (must show valid id)

Designated to pick up child: \_\_\_\_\_ (must show valid id)

We ask that your son or daughter wear a **gym type shoe** (no flip flops or sandals) and girls please wear shorts / slacks – no dresses / skirts as they will be pedaling a cart and walking outside.

If your child needs to carry an EpiPen, inhaler or other medical necessity, please make sure they have it with them.

Parents are asked that they do not stay for the class as children are easily distracted when a parent is nearby.

Participants will have important paperwork and/or crafts that they receive during their session that day. **Please be sure to ask your child daily if they were given any papers that need to go home that day.**

**Snacks and drinks will be provided daily. Please let us know if there are any restrictions on what snacks or drinks they may have (i.e., allergies, no sugar, etc.).**

\_\_\_\_\_

\_\_\_\_\_

**\_ IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT OFFICER SHOEMAKER AT 937-604-2309 OR OFFICER HOYING AT 937-604-1036.**

**SAVE AND EMAIL COMPLETED FORM TO [tshoemaker@hhoh.org](mailto:tshoemaker@hhoh.org)**