



Our program offers all the regular safety town fun "PLUS" the extra help some children with developmental disabilities may need.

Sponsored by the Medina County Board of Developmental Disabilities and the Medina County Sheriff's Office.

July 15 - 19, 2019

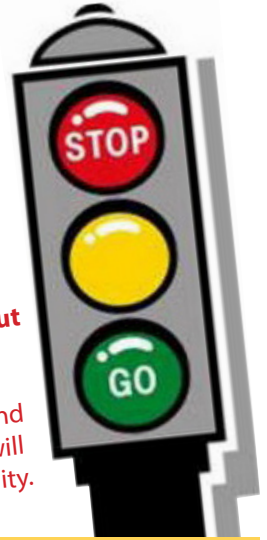
9:15 - 11:30 am

Medina County Achievement Center
4691 Windfall Road, Medina

Pre-Registration Form

- Please complete and return this form by **Friday, July 5, 2019**.
- Send form to: Medina County Board of DD Safety Town
4691 Windfall Road
Medina, Ohio 44256
- Please use a separate form for each child.
- Once we receive your pre-registration form, an email with your registration confirmation and any additional information you will need about Safety Town will be sent to you.

** A Quick Note About Transportation... providing for transportation to and from safety town will be your responsibility.*



Child Information - Please Print Clearly

Child's Name: _____

Birth Date: _____ School District: _____

Child's Doctor _____ Phone Number: _____

Name Child is Called: _____

T-shirt size (circle one) Youth sizes S M L

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Mother Cell Phone: _____ Work: _____

Father Cell Phone: _____ Work: _____

E-mail Address: _____

Additional Emergency Contact:

Name: _____ Relationship: _____

Phone Numbers: (home) _____ (cell) _____

(work) _____

(continued on back)

Tell Us About Your Child - Please Print Clearly

My child's allergies are: _____

My child has seizures: NO YES (If yes, you will be contacted for more information.)

My child's special needs include: _____

**Safety Town teachers and volunteers are not authorized to administer medications. Questions? Call 330-725-7751 ext. 269.*

My child learns best when: _____

My child communicates by: _____

My child needs help toileting: NO YES

If yes, please circle items which apply:

assistance with clothes

help on the toilet

diapering

pull-ups

specific schedule

If my child is upset, it helps to: _____

My child may get upset by/be afraid of: _____

During Safety Town your child will go on a short bus ride to practice bus safety. To ride the bus safely, your child will

need: (check any that apply) _____ integrated car seat (child's height _____ weight _____)

_____ wheelchair lift and tiedown

_____ close adult supervision (1:1)

_____ shared adult supervision (1:2)

Photo Release and Release of Liability/Indemnity

Occasionally photographs/videos of children are taken with the intent of using in displays or publications (i.e. newspapers, newsletters, brochures, flyers, presentations, etc.) and for educational purposes both within our facilities and the community.

_____ I give permission for my child's picture/video to be taken and used in newspapers, publications, presentations, and displays for public use.

_____ I do not give permission for my child's picture/video to be taken and used in newspapers, publications, presentations and displays for public use.

I, parent/guardian of (child's name) _____, for myself and for my minor child, hereby fully release, indemnify and hold harmless the Medina County Board of Developmental Disabilities, the Medina County Sheriff's Office, the Medina Township Fire Department and the Medina County Commissioners, their employees, agents, representatives and volunteers from any and all claims, actions and demands for expenses, damages and liabilities, including fees, debts, loss of property, injury to persons including and up to loss of life, and all other actions or causes of action which arising out of or connected with me or my minor child's attendance at or participation in Safety Town +PLUS, except for those claims that arise from the sole and exclusive negligence, or intentional acts, of the Medina County Board of DD, the Medina County Sheriff's Office, the Medina Township Fire Department and the Medina County Commissioners, and their employees. I further agree to indemnify and defend against any such claims.

I hereby consent to emergency first aid which may be deemed necessary in the event of injury, accident, and/or illness during this activity or event. I have read and fully understand this Safety Town+PLUS Release of Liability/Indemnity and give my child permission to participate.

Parent/Guardian Signature

Date