



2024 SAFETY TOWN REGISTRATION FORM

REGISTRATION INFORMATION

To ensure proper registration, please print all information clearly and complete the entirety of the form.

The Carr Center Safety Town Program is designed for children ages 4 & 5. Children must be 4 years of age and no more than 5 years of age by the time they enter their Safety Town Session. No exceptions will be made.

Safety Town registration is on a first-come, first-serve basis and sessions fill quickly. Safety Town will NOT be cancelled due to the weather.

FEES

The fee for Safety Town is a \$40.00 donation. In addition to learning safety strategies the children receive a helmet and a t-shirt.

We accept cash, checks, all major credit cards, and Venmo

- ___ Cash
___ Credit - Call (740) 453-5417 with card information
___ Check
___ Venmo - @Carr-Center
___ Pay online - www.carrcenter.org/payments/

Please make checks payable to:
The Carr Center
1035 Beverly Ave.
Zanesville, OH 43701

SAFETY TOWN LOCATIONS

Your child will be placed in color groups. Participants are NOT guaranteed placement into the same color groups as siblings and friends, but we will try to accommodate if possible. With the price of postage, I would prefer to send out confirmations by email, however, if you do not have an email address you will receive a post card in the mail depicting your session, date, time and place as well as color group your child will be in no later than 2 weeks prior to the start of their session.

Please indicate your session preference by marking "1" for your preferred session to "2" for your second choice.

Table with 3 columns: Dates, Time, Location. Rows include session dates like 6/3 - 6/7 and 6/10 - 6/14, all times 6-7:30 p.m. Monday - Friday, and location The Carr Center, 1035 Beverly Ave.

If you have any questions, please contact Madelyn, weekdays from 9:00 a.m. to 3:30 p.m. at (740) 453-5417 Email: info@carrcenter.org Fax: 740-453-5480 You can register online at www.carrcenter.org

Requests: _____

The Carr Center Safety Town Program Emergency Medical/Liability Waiver Form

PLEASE PRINT

Participant's Name Birth date Gender
 First Last

Street Address Shirt Size

City State Zip

Primary Guardian Home Phone

Address (if different from above)

City State Zip

Cell Phone Email Address

Emergency Contact: The following people can be contacted in case of an emergency and serve as people my child may be released to.

Name _____ Relationship _____
 Phone _____

Name _____ Relationship _____
 Phone _____

_____ In the event of an emergency, I grant permission for my child to be medically transported.

Physician's Name _____
 Phone _____

Dentist's Name _____ Phone _____

Hospital of
Choice _____

_____ I DO NOT grant permission for my child to be medically transported in the event of an emergency.

Known allergies of participant

Current Medications

Health Concerns or Physical Impairments

Signature of Legal Guardian

USE OF PHOTOGRAPH

I hereby grant and give The Carr Center the right to use the participant's image for any and all purposes including, but not limited to, private or public presentations, advertising, publicity and promotion relating hereto.

Signature of Legal Guardian

LIABILITY FORM

I, _____ (legal guardian) acknowledge that participation in The Carr Center Safety Town Program may involve some risk of physical injury due to the nature of activities. In consideration for acceptance of these programs, I do hereby release and forever discharge, for myself, my heirs, executors and administrators, any and all claims to collect damages which my child may incur in these activities, and any and all rights to such damages against The Carr Center or its representatives, employees, independent contractors, agents or officials, directors, sponsors, or any officials of these programs. I further represent that my child is in good physical condition to participate in this program.

Signature of Legal Guardian

Child Fingerprint ID Information

Child's Name: _____

Date of Birth: _____

Height: _____

Weight: _____

Eye Color: _____

Hair Color: _____

Parent's or Guardian's Name: _____

Child's Street Address: _____

City: _____

State: _____

Zip Code: _____