



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SAFETY CITY

REGISTRATION FORM

For kids ages 4-9



Please print all information. Please use a separate form for each child. Additional forms are available at oshkoshymca.org or by contacting the Y at 230-8439 or lisanething@oshkoshymca.org.

CLASS FEE \$36/per child Y Member • \$46/per child Activity Member

Payment must be included for student to be registered. Please make check payable to the Oshkosh YMCA. Registrations can be mailed to 3303 West 20th Avenue, Oshkosh 54904 or dropped off at either Y location. Registrations are due by May 17, 2014.

SESSION DATES

Please number, in order of preference you choice of session dates. Registrations are accepted on a first come, first served basis as they are received.

SAFETY CITY 1 (AGES 4-6)

- Session 1: June 13-16 • 9:00 a.m.-Noon
- Session 2: June 13-16 • 1:00-4:00 p.m.

- Session 3: June 20-23 • 9:00 a.m.-Noon

SAFETY CITY 2 (AGES 7-9)

- Session 1: June 20-23 • 1:00-4:00 p.m.

Child's Name	Date Of Birth	Gender
Address	City, State, Zip	
Parent or Guardian Home Phone	Cell Phone	Work Phone
Parent or Guardian Home Phone	Cell Phone	Work Phone
Email Address	How did you hear about SAFETY CITY?	

Please initial each statement to indicate your agreement and provide your signature at the bottom. Modified statements will not be accepted.

- I understand that all information provided is confidential, will remain confidential and is only used as a resource or guide in understanding my child. **Please initial** _____
- My child has permission to participate in walking field trips as part of SAFETY CITY. **Please initial** _____
- My child may be photographed/video taped during SAFETY CITY for use in promotion of the program. **Please initial** _____
- In the event of an emergency, I authorize medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first and this waiver will only be necessary if I or emergency person(s) cannot be reached. **Please initial** _____
- I understand that a two week written notice is required to cancel my child's registration and to receive a refund. **Please initial** _____

Parent/Guardian Signature	Date
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OSHKOSH COMMUNITY YMCA • www.oshkoshymca.org • DOWNTOWN: 236-3380 • 20TH AVE: 230-8439

MEDICAL & EMERGENCY CONTACT INFORMATION

SAFETY CITY teachers and volunteers are not authorized to administer any medications.

Does your child have a history of (circle all that apply)

ADD/ADHD Allergies Autism Diabetes Physical Handicaps

Other (describe) _____

If you checked any of the above items, please describe any special care instructions or other information that may be needed by SAFETY CITY staff: _____

Emergency Contact Name / Relationship / Phone _____

Emergency Contact Name / Relationship / Phone _____

CHILD RELEASE AUTHORIZATION/PICK UP POLICY

Parents, please help us reinforce the importance of following safety procedures with your child.

Other than you, who has permission to pick up your child? _____

A codeword will be necessary for pick up. Any person without the proper codeword will not be allowed access to your child. Parents/Guardians, by giving someone access to your codeword, you are granting them permission to pickup your child.

All persons, including parents, will be required to state the codeword upon pickup. Everyone transporting a child (including parents) should have proper safety seats for transportation.

If you plan to carpool, please choose a single codeword for all children in the group.

CODEWORD _____

I understand the importance of the codeword and I agree to give the codeword only to those people with permission to pick up my child.

Parent/Guardian Signature _____ Date _____

RELEASE OF LIABILITY/INDEMNITY—MODIFIED RELEASES WILL NOT BE ACCEPTED

I, the parent/guardian of _____ (Child's Name), for myself and for my minor child, agree to hold harmless and indemnify the Oshkosh YMCA, any agent, director, officer, organizer, supervisor, volunteer, from any liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of the undersigned in the SAFETY CITY program.

I have read and fully understand the details of the program and the above release of liability, indemnity.

Parent/Guardian Signature _____ Date _____

T-SHIRT/HELMET ORDER (All participants will receive a FREE Safety City t-shirt and helmet)

T-Shirts Child Sizes Small (6-8) Medium (10-12) Large (14-16)

Helmet To properly fit your child with a helmet, measure the circumference of their head an inch above the ear, at the top of the eyebrow.

18½ -21¼ 21¼-23 23-24½ 24½ +