



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](http://oshkoshymca.org) or by contacting the Y at 230-8439 or [lisanething@oshkoshymca.org](mailto:lisanething@oshkoshymca.org).

### CLASS FEE \$35/per child Y Member • \$45/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.

### 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)

June 15-18 • 9:00 a.m.-Noon or 1-4:00 p.m.  
(Reg by 6/1)

June 22-25 • 1:00-4:00 p.m. (Reg by 6/8)

July 6-9 • 9:00 a.m.-Noon (Reg by 6/22)

#### SAFETY CITY 2 (AGES 7-9)

July 13-16 • 1:00-4:00 p.m. (Reg by 6/29)

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

OSHKOSH COMMUNITY YMCA • [www.oshkoshymca.org](http://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 p Small (6-8) p Medium (10-12) p 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.

p 18½ -21¼ p 21¼-23 p 23-24½ p 24½ +