

## Marysville Safety Town 2025 Participant Registration

**What is Safety Town?** Safety Town is a fun five-day safety awareness program that is designed for children entering kindergarten. Through the use of music, crafts, videos, books, community speakers, and a child-sized town, the children are taught basic safety lessons that they will use for the rest of their lives.

The fee for Safety Town is \$30 and covers the cost of the 4-day program, a bicycle helmet, and a t-shirt.

**Please note: No child will be denied registration for Safety Town because of inability to pay. If the fee is a barrier, please let us know.**

### Who can register?

#### Marysville Elementary School 2025 incoming Kindergarteners

**When? From June 2<sup>nd</sup> to June 5<sup>th</sup>**

- Morning session: 9am—12pm
- OR
- Afternoon session: 1pm—4pm



Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

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

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

Child's Date of Birth: \_\_\_\_\_ School attending in the Fall: \_\_\_\_\_

Child's T-shirt size (please circle):    YS    YM    YL    YXL

Parent 1 First and Last Name	Parent 1 Phone Number	Parent 1 Email Address
Parent 2 First and Last Name	Parent 2 Phone Number	Parent 2 Email Address

**Preferred Session:** We understand that your family may have special circumstances that would prevent your child from attending one of the sessions. **We will make every effort to accommodate your needs.**

**However, we may not be able to place each participant in their preferred session.** You will be notified by email of the session to which your child has been assigned. **Please indicate your preferred session below:**

\_\_\_\_\_ Morning session (9 am-12 pm)

\_\_\_\_\_ Afternoon session (1 pm-4 pm)

**Emergency Contacts:** Any person listed should be able to assist in contacting you. At least one person listed must be local, able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years old.

Emergency Contact Name	Emergency Contact Phone	Relationship to Participant
Emergency Contact Name	Emergency Contact Phone	Relationship to Participant

**Authorization for Emergency Medical Treatment**

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

\_\_\_\_\_ I do not grant permission for my child to be medically transported in the event of an emergency.

\_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_ **Date**

**Physician's Name:** \_\_\_\_\_ **Physician's Phone:** \_\_\_\_\_

**Dentist's Name:** \_\_\_\_\_ **Dentist's Phone:** \_\_\_\_\_

**Known Allergies of Participant:** \_\_\_\_\_

**Other Health Concerns:** \_\_\_\_\_

**Current Medications:** \_\_\_\_\_

**Child Pickup Permission**

Safety Town teachers have been instructed to release a child only to his/her parent/guardian unless other instructions have been received from a parent/guardian. To simplify this procedure, please list below any person who may pick up your child during the week. **Persons not on this list will NOT be able to pickup your child. Persons other than the Parent/Guardian(s) may be required to show an ID to pick up the child.**

My child, \_\_\_\_\_ may be released to the following person(s):

_____	_____
_____	_____

\_\_\_\_\_ **Parent/Guardian Signature**

**Liability Waiver:** I hereby grant permission for my son/daughter to participate in the **Marysville Safety Town program**. I, (legal guardian) acknowledge that participation in **Marysville Safety Town Programs** may involve some risk of physical injury due to the nature of activities. I understand that participation in these activities could and may present a risk of injury to my or my child's property or person and I knowingly accept the possible risk of falling, getting bumped, or injured by another participant or equipment. 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 anyone responsible or associated with the Safety Town event, including, but not limited to the Union County Health Department, Marysville Exempted Village School Districts, the Union County Sheriff's Office, Memorial Health, their employees, agents, officers, volunteers, sponsors, or independent contractors. I further represent that my child is in good physical condition to participate in this program.

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**Parent/Guardian Signature**

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**Date**

**Photo Release:** I do hereby consent to have the **Marysville Safety Town Program** photograph my child for **Marysville Safety Town** promotional or commemorative purposes. I further consent and acknowledge that said photograph may be published or reprinted. I acknowledge that by opting out my child may, through the course of the program, be photographed, but that photograph will not be reprinted, published, or used for any promotional or commemorative purposes.

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**Parent/Guardian Signature**

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**Date**

**Field Trip Permission:** I give my child permission to leave **Marysville Elementary School** and walk to and visit the Decker Fire Station across the street during his/her scheduled time.

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**Parent/Guardian Signature**

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**Date**