

HOLLAND/SPRINGFIELD

SAFETY TOWN

SPONSORED BY:

VILLAGE OF HOLLAND POLICE DEPARTMENT

AND

SPRINGFIELD TOWNSHIP FIRE DEPARTMENT

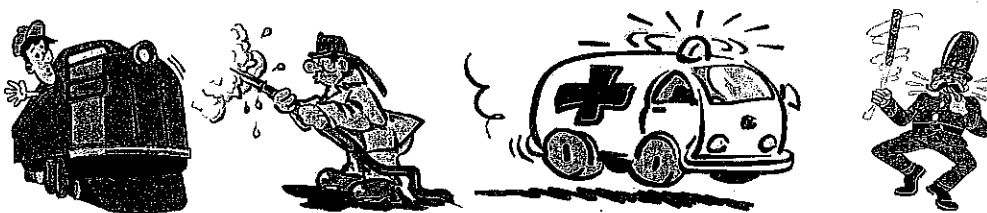


REGISTRATION PACKET

JUNE 21-JULY 2, 2021
Crissey Elementary
9220 Geiser Rd., Holland, OH 43528

9:00 AM -11:00 AM OR 1:00 PM -3:00 PM

Holland/Springfield Safety Town



Dear Parent(s) or Guardian;

June, 2021

During the nine days, your child will be attending the Holland/Springfield Safety Town Program our staff will be photographing and/or videotaping the activities. The children will be given identification cards while in *Safety Town*. Pictures, videos and photos, will be used for the graduation ceremony and for promoting the *Safety Town* Program.

In order for our staff to complete these projects we need the waiver form signed, witnessed and returned along with the application.

Thank You,
Safety Town Personnel
Holland/Springfield

This educational program is sponsored by:
**SPRINGFIELD TOWNSHIP FIRE DEPARTMENT AND
 VILLAGE OF HOLLAND POLICE DEPARTMENT**

(FOR CHILDREN ENTERING KINDERGARTEN IN THE FALL)

THIS COURSE IS FREE OF CHARGE TO RESIDENTS OF SPRINGFIELD TOWNSHIP AND THE VILLAGE OF HOLLAND. APPLICATIONS WILL BE ACCEPTED UP TO 2 WEEKS PRIOR TO THE START DATE OF THE COURSE. NO EXCEPTIONS. APPLICATIONS/ENROLLMENT ON THE FIRST DAY WILL NOT BE ACCEPTED. FIRST COME FIRST SERVE BASIS.

(PLEASE PRINT) Child's Information

Child's Name: _____ DOB: _____ Age: _____
 Child's Address: _____
 City: _____ Zip: _____
 T-Shirt size: 6-8 10-12 14-16

School Information (ONLY CHILDREN ENTERING KINDERGARTEN IN THE FALL WILL BE ELIGIBLE)

School: _____ Grade: _____
 LIST ANY SPECIAL HEALTH OR HANDICAP CONDITIONS YOUR CHILD HAS (include food allergies)

Parent/Guardian Information

Name: _____ Email: _____
 Relationship: _____ Phone # _____

Emergency Information

Person to be contacted if the Parent/Guardian cannot be reached
 #1 Name: _____
 Relationship: _____ Phone # _____
 #2 Name: _____
 Relationship: _____ Phone # _____

Date of course: June 21-July 2, 2021 (Choose one session only)

June 21-July 2, 2021		June 21-July 2, 2021	
MORNING		AFTERNOON	
9-11 AM		1-3 PM	
The above session will be held at Crissey Elementary Gelser Rd., Holland OH 43528 9220		The above session will be held at Crissey Elementary 9220 Gesler Rd., Holland OH 43528	

I hereby give my consent for my son _____ daughter _____ to participate in the Holland/Springfield Safety Town Program, and to be finger printed. I understand I am responsible for getting my child to and from Holloway Elementary School.

Signature: _____

If your child will be picked up from someone other than the legal guardian(s), a note signed by the guardian should be provided to the homeroom teacher indicating who will be picking the child up, their relationship to the child and the duration of the pick up arrangements. Identification should be available upon request.

PLEASE MAIL REGISTRATION FORM TO:
 7617 Angola Rd.
 HOLLAND OH 43528

FOR MORE INFORMATION CALL:
 419-865-4136 ext 1
 419-865-7105

IF AFTER ENROLLMENT, YOUR CHILD CANNOT ATTEND, PLEASE CALL 865-4136 ext. 1

WAIVER OF LIABILITY

I, personally and on behalf of the family members of the above listed child agree to defend, indemnify and hold harmless The Village of Holland and Springfield Township, its agents, employees and representatives, in their official and individual capacities from any and all liability claims, demands, suits, losses, damages and costs, including, but not limited to, attorney's fees, expenses, court cost, and interest, for or arising out of or in connection with the Holland/Springfield Safety Town Program or from any activity, work, or thing done, permitted or suffered by the above listed child in or about the Safety Township Program whether it be caused or arise out of the negligence or claim of the child or any of its family members or individuals invited to the activity conducted in connection with the Holland/Springfield Safety Town Program or by the negligence of The Village of Holland or Springfield Township Employees, representatives, or agents.

Parent / Legal Guardian Signature _____ Date _____

Witness Signature _____ Date _____

Office Use Only: Date Received _____ Session _____ AM/PM Class Assignment _____

Special requests should be indicated with the application and prior to the first day of class. Examples include siblings with siblings, friends with friends, in the same or different classroom, etc. Our staff will attempt to accommodate all requests noted with the application.

SPRINGFIELD TOWNSHIP FIRE DEPARTMENT AND VILLAGE OF HOLLAND POLICE DEPARTMENT

CONSENT, RELEASE AND WAIVER
PHOTOGRAPHS AND/OR VIDEO TAPES
FOR
"Safety Town"
2021

The undersigned parents and/or guardian of _____, a minor, for and in consideration of the services provided by the Holland Police Department, or the Village of Holland, or Springfield Township Fire Department, of the Township of Springfield, in Holland, Ohio, and for other good and valuable consideration, the receipt of which is hereby acknowledge by the undersigned, do hereby consent to have the Village of Holland's Police Division and Springfield Township Fire Department photograph and/ or video tape said child, the ***photographs and/or video tapes will be used for the "Safety Town Program" graduation ceremony and for promotional purposes for the "Safety Town Program"*** and do hereby waive, release, and forever discharge the Village of Holland and the Township of Springfield, in Holland, Ohio, their agents, successors, and assigns from any and all claims and causes of action of any kind or nature which the undersigned may have, or in the future can, shall, or may have on account of any and all damages, losses, or injuries to persons or property, or both, known and unknown, resulting or to result from photographing and/ or video taping of said child.

It is hereby acknowledged that the photographs and/ or videotapes of said child is being done at the voluntary request of said child and the undersigned.

The undersigned hereby declare that the terms of this consent, release and waiver have been completely read and are fully understood and voluntarily accepted for the purpose of aforesaid and for the express purpose of precluding forever any further or additional claims arising out of aforesaid photographs and/ or video tapes.

Signature of Parent or Guardian

Date

Signature of Witness

Date