

# SAFETY TOWN

JUNE 16<sup>th</sup>- 20<sup>th</sup>, 2008

Registration begins: April 1, 2008  
HURRY !

SPACES ARE LIMITED

Open to residents of Willoughby, Willoughby Hills & Kirtland  
Open to others starting April 28, 2008

Our program is registered, accredited and certified under  
National Safety Town Center



**THINK SAFETY®**

Please mail or drop off registration form at:

WILLOUGHBY PARKS & RECREATION DEPARTMENT  
ATTN: **SAFETY TOWN** REGISTRATION  
#2 PUBLIC SQUARE  
WILLOUGHBY, OH 44094

MAKE CHECKS PAYABLE TO W.J.W.C.

## SAFETY TOWN

Dear Parents,

**Safety Town** is a safety awareness program designed to teach young children how to respond to dangerous situations. This year *Willoughby Safety Town* will be held at the *Willoughby Police Station* from June 16<sup>th</sup> through June 20<sup>th</sup>. Two sessions are offered: 8:45 to 11:30 AM, and 1:00 to 3:45 PM.

Registration will be held at the *Willoughby Parks & Recreation Department* beginning April 1<sup>st</sup> for Willoughby, Willoughby Hills and Kirtland residents, others may begin to register starting April 28<sup>th</sup>. The fee is \$27, (checks payable to W.J.W.C.), and includes a **Safety Town** T-shirt and bike helmet. Each child will receive his/her T-shirt on Monday, June 16<sup>th</sup>. Please wear this T-shirt the remainder of the week. Children who are enrolled in Kindergarten for the Fall of 2008 are eligible to participate in **Safety Town**. The last day for registration is Friday, May 9<sup>th</sup>. There will be no refunds after this date.

We invite your child to join us for a week of fun and learning!

Co-sponsored by:  
***Willoughby Junior Women's Club***  
***Willoughby Police Department***

## WILLOUGHBY SAFETY TOWN REGISTRATION

Child's name \_\_\_\_\_ M F

Birth Date \_\_\_\_\_

Mom's name \_\_\_\_\_ Dad's name \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Emergency Phone (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (other than parent)

Doctor \_\_\_\_\_ Phone (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Time (check one) 8:45-11:30 \_\_\_\_\_ or 1:00 – 3:45 PM \_\_\_\_\_

**Are there any medical/behavioral problems or ANY allergies we should be made aware of?** \_\_\_\_\_  
\_\_\_\_\_

School your child be attending in the Fall? \_\_\_\_\_

T-Shirt \_\_\_ Youth Small \_\_\_ Youth Medium \_\_\_ Youth Large

### INSURANCE WAIVER

We, the undersigned parents and natural guardians of \_\_\_\_\_, a minor child, in consideration of our said child being allowed to participate in the *Willoughby Safety Town* activities, hereby waive the inclusion of our said child in any medical payments or reimbursement insurance coverage afforded participants in said program. We hereby represent and agree that we will obtain or keep in force, our private medical and hospital insurance coverage for our child's activities in the *Willoughby Safety Town* at our own cost and expense.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

On behalf of our Honorary Chairperson

***BILL COSBY***

We extend our sincere appreciation

**THANK YOU**...for caring and sharing...and promoting...

**SAFETY FOR KIDS**

Dorothy Chlad

Founder & President

National Safety Town Center®