



Of Pleasant Garden NC

For incoming or outgoing Kindergarteners

June 3, 2017

9:00 am – 2:00 pm

### Safety Town Registration Form

Sponsored by Pleasant Garden Lions Club and Town of Pleasant Garden

PLEASE PRINT CLEARLY

#### Child Information

\_\_\_\_\_ Male \_\_\_ Female  
Child Last Name First Name Birth Date -Must be 5 or 6 years old

\_\_\_\_\_ City Zip  
Street Address

Parent/Guardian Names

Work Phone Home Phone Cell Phone \* circle preferred phone # to teach child

\_\_\_\_\_ Email address

What is your preferred method of contact to receive confirmation? \_\_\_\_\_ Email \_\_\_\_\_ Phone, (circle preferred number) \_\_\_\_\_ Mail

#### Medical and Emergency Information

Physician's Name Phone

Emergency Contact- Name/ Relationship Phone

Allergies/ Medications?

1. \_\_\_\_\_  
Name(s) of Person Authorized to Pick up Child, (other than parent) Phone

2. \_\_\_\_\_  
Name Phone

- We will not release your child to anyone unauthorized by you.
- We reserve the right to make appropriate adjustments to ensure the safety of all participants of Safety Town.

- REGISTRATION FORM CONTINUED ON BACK -

**SAFETY TOWN Waiver and Release of Liability**

I, the parent/guardian of \_\_\_\_\_, (print child’s full name), for myself and for my minor child, do hereby fully release and hold harmless Safety Town, Pleasant Garden Lions Club and Town of Pleasant Garden and any agent, director, officer, organizer, supervisor, volunteer, or member of such organization from any and all liability, loss, damages, or injuries arising out of participation in the SAFETY TOWN program in which I have enrolled my child.

I have read and fully understand this Safety Town Waiver and Release.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Parent Authorization**

Photographs/Videos may be taken by outside agencies, (newspaper, television, etc.), during Safety Town activities for publicity purposes. These pictures are not to be used to commercially exploit the student. Do you give permission for your child to be photographed? \_\_\_\_\_ YES \_\_\_\_\_ NO

By registering my child, I give permission for my child to participate in the Pleasant Garden Safety Town Program.

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

\_\_\_\_\_  
Date

**Parent Information**

- A parent/guardian must attend an important parent orientation session at 8:45 am
- Bring your child’s bike and helmet for Bike Safety time!
- Pick up – please **arrive BY 1:45 p.m.**
- How did you hear about SAFETY TOWN? (Please circle all that apply)

Word of Mouth    Newspaper    Other publication    Internet    Pre-School    Elementary School

**For more information: Contact Barbara at 336-339-6943 or  
Email at Pglionssafetytown@yahoo.com**