



# 2018 AKRON SAFETY TOWN

Akron Safety Town is open to children:

**\*who reside in the City of Akron, and  
\*who are entering kindergarten or first grade  
in the fall of 2018.**

Akron Safety Town is a **FREE**, FUN, hands-on educational program designed to teach young children about: bicycle, bus, fire, playground, gun, dog, poison, stranger-danger, calling 911, how to cross the street, and other safety issues.

Akron Safety Town sessions run for one week,  
Monday through Friday, 9 am-11:45 am.

It is important to come EACH day!

Each child receives an Akron Safety Town t-shirt and a bicycle helmet.  
Breakfast will be provided each day at 8:30 am.

**Check which session you prefer:**

**(Sessions are on a FIRST-COME, FIRST-SERVED basis.)**

- June 18-22 at Forest Hill Community Learning Center**  
Address: 850 Damon St, Akron, OH 44310
- June 25-29 at King Community Learning Center**  
Address: 805 Memorial Pkwy, Akron, OH 44303

**To register, complete FULLY  
ALL of the following forms.**

**Registrations may be turned in at your child's CLC  
until the end of the school year, or mailed to:**

**Akron After School  
65 Steiner Ave.  
Akron, OH 44301.**

## Akron Safety Town 2018 Registration Form and Emergency Instructions

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address (complete mailing address, including city and ZIP code; no P.O. Boxes):  
\_\_\_\_\_

The school your child will attend in Fall 2018: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Employer Name and Address \_\_\_\_\_ Work Phone: \_\_\_\_\_

Second Parent or Guardian's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Employer Name and Address \_\_\_\_\_ Work Phone: \_\_\_\_\_

English-speaking contact (if you do not speak English on the phone):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pick-up Instructions

Please list 3 persons to whom your child may be released:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**ALL PERSONS, including parents, are required to show a picture ID when picking up children.  
No child will be released to anyone not listed on this form.**

**Children must be picked up, and are not allowed to leave by themselves and walk home.**

# Akron Safety Town Health Information

**Physician:**

**Dentist:**

Name	Name
Address	Address
City, State, ZIP	City, State, ZIP
Phone	Phone
Chronic Physical/Mental/Emotional Challenges (illness, condition, or special need which may have an impact at Safety Town):	
Allergies and Treatment:	
Medications:	
Food Allergies and Treatment:	

**I DO** give consent for emergency medical or dental treatment of my child.

**I DO NOT** give consent for emergency medical or dental treatment of my child.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

## Release of Liability—No changes to this release will be accepted

I, parent/guardian of \_\_\_\_\_, for myself and for my minor child, do hereby fully release and forever discharge Akron Safety Town, Akron Police Department, Akron Fire Department, Akron Public Schools, Fairlawn-West United Church of Christ, all Akron Safety Town locations, Director, Officer, Organizer, Supervisor, Akron Safety Town staff and volunteers, and guest participants from any and all claims for injuries, damages, or loss that my minor child or I may have (or which may occur to me or my minor child) arising out of participation in the Akron Safety Town activities in which I have enrolled my minor child. I further agree to indemnify and defend against any such claims.

Photographs are taken for local news and print media, as well as for Akron Safety Town publications. I understand that my minor child may be photographed or videotaped during Akron Safety Town for publicity or educational purposes.

I have read and fully understand this Akron Safety Town Release of Liability.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## BIKE HELMET & SAFETY RELEASE AND WAIVER OF LIABILITY

Children’s Hospital Medical Center of Akron, The Goodyear Tire & Rubber Company and The Goodyear Foundation (Collectively referred to as “the Charitable Donors”) have provided a bicycle safety helmet (“helmet”), safety training, bike safety check and safety information to me.

In exchange for the helmet and other good and valuable consideration, I hereby:

1. Acknowledge that there is an inherent risk of injury when participating in any physical activity including bicycling. I fully understand that bicycling may involve risk of serious injury or death, property damage, and economic losses. I HEREBY ASSUME ALL SUCH RISKS both known and unknown arising from bicycling and the use of the helmet.
2. Acknowledge that use of a helmet does not guarantee a child’s safety while bicycling.
3. **UNDERSTAND THAT THE CHARITABLE DONORS DO NOT MAKE ANY WARRANTY REGARDING THE HELMET. THE CHARITABLE DONORS DO NOT WARRANTY THE QUALITY OR FITNESS OF THE HELMET AND EXPRESSLY DISAVOW ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.**
4. RELEASE, INDEMNIFY, AND HOLD HARMLESS the Charitable Donors, their employees and agents, from and against any and all losses, costs, claims, demands, cause of action, injury, damage and liability whatsoever, whether presently known or unknown and acknowledge that the Charitable Donors, their employees and agents are not responsible or liable in any way for any product defects in, or injuries resulting from the use of this helmet, safety training (potentially including a bike safety ride), bike safety check or safety information.
5. Understand I am responsible for fitting the helmet according to the manufacturer’s instructions.

I HAVE READ THIS DOCUMENT, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

- Bike Helmet
- Bike Safety Check
- Bike Safety Ride

I understand that this document is binding upon me and my heirs, children, wards, personal representatives and anyone else entitled to act on my behalf.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child’s Name and Age

Relationship to child: Parent Legal Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



GASP, Guardians Advocating Child Safety and Protection, is in its 10<sup>th</sup> year serving the community to help provide a safer environment for our children by delivering safety programs to protect them from dangerous situations, sex offenses, abuse and abduction. We believe that Education + Prevention = Child Protection.

Our Fingerprint/ID events are provided free of charge for everyone throughout our community and beyond. We are now partnering with many local police and school systems at their Safety Town programs. GASP will provide the parents with an information sheet that they need to fill out with their child's pertinent information. All the information is then inputted into the computer. GASP volunteers then take 2 photos, a front view and a side view of their ear (everyone's ears are different), digital fingerprints, and a short video where we ask their name, age, and a few other questions, so we can get their voice.

All this information is then put on a disc. Once the disc is done, the parent and only the parent will have the disc and all the information. WE DO NOT KEEP ANY INFORMATION; NOTHING IS SAVED! Along with the disc, the parent will receive a bag with a DNA kit and other safety information and tips. We recommend the parent have a new disc updated every year since children grow, change, and may have new information.

The disc can be opened on their home computer and they can watch the video. They can also print out part of the disc and make their own ID card.

Thank you very much for caring about our children's safety!

Sincerely,

GASP



Child's first name \_\_\_\_\_

Middle name \_\_\_\_\_

Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Child's gender \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Eye color \_\_\_\_\_

Hair color \_\_\_\_\_

Glasses \_\_\_\_\_

Race \_\_\_\_\_

Date of birth \_\_\_\_\_

Distinguishing marks \_\_\_\_\_

Other health considerations \_\_\_\_\_

Primary phone number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The CD you receive can be viewed on any computer containing a CD drive. The icons can be viewed. The video icon must be dragged to the desk top in order to view the video. The Preview Summary icon can be printed on your computer. Please bring your previously burned CD to any future fingerprinting event so we can update your child's information.

In the event your child is missing, give the completed CD to the responding police agency. Please keep the CD in a safe place! When traveling with your child, feel free to take the disc with you. If your child is traveling without you, you can e-mail the PDF form to the child's location, if needed.

PARENTAL CONSENT: \_\_\_\_\_