

# 2017 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 2017.**

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 includes instruction, fun activities, a snack, and practice in our specially crafted Safety Town, complete with streets and tricycles!

Akron Safety Town sessions run for one week,  
Monday through Friday, 9 am-12 noon.

Each child receives an Akron Safety Town t-shirt and a bicycle helmet!

**Choose a session and register today!**

June 12-16 at Resnik Community Learning Center (sign up by June 1)

June 26-30 at Voris Community Learning Center (sign up by June 16)

July 10-14 at Seiberling Community Learning Center (sign up by June 30)

July 24-28 at Findley Community Learning Center (sign up by July 14)

# Akron Safety Town 2017 Registration Form

Akron Safety Town is for children who reside in the City of Akron,  
and are entering kindergarten or first grade in the Fall of 2017.

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 2017: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_

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

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

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

Daytime Phone: \_\_\_\_\_

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

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

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

## **Akron Safety Town Dates and Locations:**

Safety Town sessions are on a FIRST-COME, FIRST SERVED basis.

Sessions run every day, Monday through Friday, from 9:00 am-12 noon, for your session week.

### **Check which session you prefer:**

\_\_\_\_\_ June 12-16 at Resnik Community Learning Center (sign up by June 1)

Address: 65 N. Meadowcroft Dr., Akron 44313

\_\_\_\_\_ June 26-30 at Voris Community Learning Center (sign up by June 16)

Address: 1875 Glenmount Ave, Akron, OH 44301

\_\_\_\_\_ July 10-14 at Seiberling Community Learning Center (sign up by June 30)

Address: 400 Brittain Rd, Akron, OH 44305

\_\_\_\_\_ July 24-28 at Findley Community Learning Center (sign up by July 14)

Address: 65 W Tallmadge Ave, Akron, OH 44310

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

For office use only: Date received \_\_\_\_\_

Rec'd by \_\_\_\_\_

# Akron Safety Town Health Information

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

Notify in case of emergency:

Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Their phone number: \_\_\_\_\_

Does a qualified First Aider have permission to administer first aid treatment to your child in case of illness or accident? Check EITHER Yes \_\_\_\_\_ or No \_\_\_\_\_

A snack will be served each day. Please list any allergies or special diet:

Illness, condition, or special need which may have an impact at Akron Safety Town:

## Drop-off and Pick-up Instructions

When picking up children, ALL PERSONS, including parents, are required to show a picture ID. No child will be released to anyone not listed on this form. Additional adults authorized to pick up your child may be listed below (please print):

Name:	Address:	Phone number:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release of Liability—Modified Releases will NOT 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: \_\_\_\_\_

# Akron Safety Town Instructions for Parents

It is important to bring your child to Safety Town **every** day.

We teach different kinds of safety on different days: police, fire, dog, playground, bicycle, pedestrian, strangers, poison, gun, bus, health and more.

We want your child to learn about all of these!

## **Arrival Times:**

**Monday of your chosen week:** 8:30-8:45 am (Check in at the table—in the line of child's last name A-N or P-Z.)

They will receive a t-shirt of their group's color and a name tag.

These will be worn over their regular shirt and taken off after Safety Town each day.

We will keep them at Safety Town for the next day.

We would like your child to state their full name when they check in each day (it is important for them to learn to give their name in an emergency).

**Tuesday-Friday of your chosen week:** 8:45 am (Check in at the table—in the line of your child's group color—red, orange, green, purple, yellow, or blue.)

## **Pick-up Times:**

Please pick up your child at **12 noon**.

**Each day**, you--or the person picking up your child--will need to show your--or their--picture ID to your child's color group leader when picking up.

Each day your child will bring home a paper telling about what he or she learned that day.

On Friday, there will be a short graduation program (parents, etc., welcome), and your child will take home her or his t-shirt and bicycle helmet!



## 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: \_\_\_\_\_