

2022 SAFETY TOWN

Location: Gemini Center
(21225 Lorain Rd • Fairview Park)

Fees: M \$40.00 RNM \$45.00 NR \$50.00

Online Registration Begins:
Members & Residents: April 4
Non-Residents: May 2
(Maximum of 30 per session*)



For children entering Kindergarten in the Fall of 2022. Held at the Gemini Center, Safety Town is a one-week course that focuses on teaching children safe practices both at school and at home. The curriculum includes pedestrian safety, school bus safety, fire safety, seat belt safety, water safety, pet safety, 911 emergency calls, safe technology usage and stranger danger. The children are instructed and practice how to cross the street safely.

Safety Town provides a complete hands-on safety education for children. Working traffic signals, cross walks, and traffic provided by the children on vehicles help give the children the experience they need before they take their final walk on a real street with real traffic and signals.

DATES	TIMES		TIMES	
June 27 - July 1	9:00am - 11:00am	or	12:00pm - 2:00pm	or 3:00pm - 5:00pm
July 18 - 22	9:00am - 11:00am	or	12:00pm - 2:00pm	or 3:00pm - 5:00pm

ADAPTIVE SAFETY TOWN

We will once again be offering Adaptive Safety Town for our friends in grades K-3, with special needs. We will teach children how to make good choices for safety and how to take action in emergency situations. All sessions of safety town provide real life learning environment that provides practice for many important safety lessons for children.

ADAPTIVE SAFETY TOWN				
August 8 - 12	11:00am - 12:30pm	or	4:00pm - 5:30pm	

* MAXIMUM NUMBER FOR ADAPTIVE SESSION IS 6 KIDS.

RETURN COMPLETED REGISTRATION PACKETS TO THE GEMINI CENTER FRONT DESK.





Fairview Park Recreation Department 2022 Safety Town/Adaptive Safety Town Registration Form

Residents & Members: Registration begins April 4

Non-Residents: Registration begins May 2



Please use a separate form for each child enrolled (this form may be copied)

Child Name		Email	
Parent Name		Home Phone	
Address		Cell Phone	
City/Zip		Work Phone	
Birthdate	Gender M F	Member Y N	School
Shirt Size YS YM YL AS AM AL			

Please Choose ONE session per child!

Fee M: \$40 RNM: \$45 NR: \$50

Session 1:	June 27-July 1: 9:00am-11:00am	
Session 2:	June 27-July 1: 12:00pm-2:00pm	
Session 3:	June 27-July 1: 3:00pm-5:00pm	
Session 4:	July 18-July 22: 9:00am-11:00am	
Session 5:	July 18-July 22: 12:00pm-2:00pm	
Session 6:	July 18-July 22: 3:00pm-5:00pm	
Adaptive Safety Town Session 1:	August 8-12: 11:00am-12:30pm	
Adaptive Safety Town Session 2:	August 8-12: 4:00pm-5:30pm	

Total Due:

<input type="checkbox"/> Registered Online	Staff _____
<input type="checkbox"/> Cash <input type="checkbox"/> CC <input type="checkbox"/> Check # _____	Receipt # _____

RELEASE FORM: We, the parents or legal guardians of the above named child who desires to participate in the activities of the Fairview Park Recreation Department, fully understand the program offered by the Recreation Department. In particular, I understand that participants in recreational activities risk physical injury when participating in, being around, or traveling to or from such activities, be it games, practices, or related recreational functions. Nevertheless, I consent to said child's full participation in all the activities of the Recreation Department, including those mentioned above. I hereby on behalf of myself, said child, and all parents and guardians of said child, waive the right to sue, release from liability, absolve, indemnify and agree to hold harmless the Fairview Park Recreation Department, its organizers, sponsors, supervisors, coaches, participants and persons transporting said child to or from the recreational activities, for and from any claim arising out of any injury to said child. The consideration of this release is the pleasure and benefit occurring to me and to said child as a result of his/her participation in the recreational activities, which consideration I deem to be sufficient for the granting of this release.

Parent Signature: _____

Date _____

Fairview Park Recreation 2022 Safety Town Medical Form

Child's Name: _____

Child's Address: _____

Parent/Guardian Information

Mother's Name: _____

Phone (H): _____ (W): _____ (C): _____

Father's Name: _____

Phone (H): _____ (W): _____ (C): _____

IN CASE OF AN EMERGENCY/SPECIAL SITUATION PLEASE SPECIFY AUTHORIZED PERSON(S) TO PICK UP YOUR CHILD:

Below is a list of people authorized to pick up my child from the Safety Town/Camp Program. (Picture ID requi

1. _____ Phone: _____ Relationship: _____

2. _____ Phone: _____ Relationship: _____

3. _____ Phone: _____ Relationship: _____

No one other than the parent/guardian or those listed above will be permitted to pick up a child. Parents must notify us in writing in advance of any changes to the list. NO EXCEPTIONS WILL BE MADE.

Does your child have any disabilities, physical conditions, behavioral concerns or distinguishing marks the staff should be aware of?

_____ Yes _____ No If yes, please explain: _____

Does your child require any accommodations, special assistance or auxiliary aids?

_____ Yes _____ No If yes, please explain: _____
(ADHD, Autism, Sensory Impairment, Allergies, etc.)

Also, please list any and all prescription medications (i.e. Ritalin) currently being taken:

Other Conditions/Needs: _____

Additional Medical Information

Physician's Name: _____

Clinic: _____ Phone: _____

Address: _____

PLEASE COMPLETE PART I OR PART II BELOW

Part I: Permission to Transport Child

I give the City of Fairview Park Gemini Center permission to transport _____ to
(Name of child)

_____ for
(Name of hospital/clinic)

Emergency medical care or to _____ for emergency dental care.
(Name of dentist/clinic)

Signature: _____ Date: _____

Part II: Refusal to Grant Permission

I DO NOT GIVE the City of Fairview Park Gemini Center permission to transport _____
(Name of child)

for emergency medical or dental care. In the event of an illness or injury which requires medical or dental treatment, I wish the City of Fairview Park Gemini Center to take the following actions:

Signature: _____ Date: _____