2015 EUGENE SAFETY TOWN PROGRAM
STUDENT REGISTRATION FORM

~~**Session I** 9:00am – 11:30am _____~~ **Sorry, this session is full.**

Session II 12:30pm – 3:00pm _____ **My child can attend the full two weeks of camp ____**

PARTICIPANT REGISTRATION INFORMATION (Please print clearly)

Name: _____ **Birth Date:** ____/____/____ **Gender:**_____
(Last) (First)

Name for name tag: _____ **Age:** _____ **Weight:** _____

School attending in Fall 2015: _____ **T-Shirt Size (youth s/m/l/xl):** _____

Phone number you would like your child to practice for emergencies: _____

Buddy Request (Only one request please. Buddies must choose each other and applications must arrive together): _____

PARENT(s) / GUARDIAN(s) INFORMATION (Primary emergency contact)

Name: _____ **Home Phone:**_____
(Last) (First)

Relationship: _____ **Cell Phone:**_____

Home Address:_____ **City:**_____ **Zip:**_____

Employer:_____ **Work Phone:**_____ **Work Cell:**_____

Email (At least one Email address is required) _____

Name: _____ **Home Phone #:**_____
(Last) (First)

Relationship: _____ **Cell Phone:**_____

Home Address:_____ **City:**_____ **Zip:**_____

Employer:_____ **Work Phone:**_____ **Work Cell:**_____

Email _____

Alternate Emergency Contact Information – In addition to Parent/Guardian (Please skip if not applicable)

Name: _____ **Home Phone:**_____
(Last) (First)

Relationship: _____ **Cell Phone:**_____

Home Address:_____ **City:**_____ **Zip:**_____

Employer:_____ **Work Phone:**_____ **Work Cell:**_____

OTHER PERSONS AUTHORIZED TO PICK UP YOU CHILD (Your child will only be released to parent/guardian, alternate emergency contact or person(s) listed below)

1. **Name:** _____ **Relationship:**_____

   Home Phone:_____ **Work Phone:**_____ **Cell Phone:**_____

2. **Name:** _____ **Relationship:**_____

   Home Phone:_____ **Work Phone:**_____ **Cell Phone:**_____

Parent or Guardian Signature:_____

The City of Eugene, its officers, agents and employees assume no responsibility for your child upon their departure.

Staff Only: **App Rcvd:**____ **Ck #:**____ **Amt:**____ **Credit Card:**____ **Entered:**____ **Confirmation emailed:**____ **Receipt rcvd:**____
Docs emailed:____

Eugene Safety Town

MEDICAL INFORMATION (Please print clearly)

Child's Doctor: _____ **Phone:**_____

- **Please list any medical conditions (e.g. allergies, illnesses, special dietary needs, etc. Please note, only crackers and juice will be served for snacks. Parents will be able to inspect snacks on first day.)**

_____

_____

- **Does your child take any medication?** ☐ **Yes** ☐**No** **If Yes, please list medications:**

_____

- **Please list any physical or social needs for which consideration and/or accommodations may be given:**

_____

_____

PERMISSION AND LIABILITY AGREEMENT FOR PROGRAM PARTICIPATION

- I understand that video or photographic material of participants in the Eugene Safety Town activities may be used by the City of Eugene for publicity purposes and without compensation or permission. Unless a written photography exclusion is submitted by you, consent is hereby given for your child to be photographed or video recorded during the 2015 Eugene Safety Town program. For more information about photographic or video material usage, please call 541-682-2746.

- **The City of Eugene does not provide medical insurance coverage for Eugene Safety Town program participants.** There are inherent risks associated with all recreational activities. In consideration of the right to participate in this sponsored activity, each registered participant and parent or guardian must agree to release and hold harmless the City of Eugene, its officers, agents and employees from any injury or damage resulting from such participation. A separate Release from Liability Statement may be required under certain circumstances. Payment of any required registration fees shall be deemed an admission of agreement to the terms stated above.

Signature Parent/Guardian:_____ **Date:**_____/_____/_____

SCHOLARSHIP INFORMATION

A limited number of partial scholarships are available on a first come, first served basis for Eugene City residents. Please submit a scholarship request form with your application. Scholarship request forms can be downloaded from our website at www.eugene-or.gov/safetytown or by request at (541) 682-2746.

☐ **Partial Scholarship Needed**

PAYMENT INFORMATION

Camp Fees Worksheet	Amount
Program Fee ($40 City of Eugene resident, $50 non City resident)	$
Minus $20.00 partial scholarship request **(pending approval)**	- $
**Camp Scholarship Fund Donation	+ $
Total Enclosed (or authorized charge)	= $

** The Eugene Safety Town Program cannot work without community support. Donations are gladly accepted to help sponsor a child who isn't able to afford the full program fee. If you know of someone who may be interested in sponsoring a child, please let them know about our program. Thank you!

Please make check or money order payable to the Eugene Police Department. Please do not mail cash. Refund requests may be made prior to June 10th.

Payment Options
Total Enclosed: $_____ **Payment Method** ☐Check ☐Cash ☐Money Order ☐Visa ☐Mastercard
Check #: _____

Please charge my credit card: I authorize the City of Eugene to charge my credit card as noted above. I understand there will be a $6 processing fee deducted from my original charge for any refunds credited back to my credit card should I cancel my child's registration for any reason. (Your card will be charged upon receipt of application. Credit card information will be removed from application and stored in a secure manner)

Number: _____
Exp Date: ____/____
Billing Zip Code: _____
Print Name: _____
Signature: _____

Staff Only:
Camper Name: _____