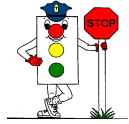




# 2024 TIGARD SAFETY TOWN REGISTRATION



CHILD'S NAME: \_\_\_\_\_ **Boy / Girl**  
LAST FIRST NAME WE SHOULD USE IF DIFFERENT

ADDRESS: \_\_\_\_\_  
(ADDRESS YOU WANT YOUR CHILD TO MEMORIZE) STREET CITY ZIP

PHONE: \_\_\_\_\_ **SHIRT SIZE:** S (6) \_\_\_\_\_ M (8) \_\_\_\_\_ L (10) \_\_\_\_\_  
(PHONE NUMBER YOU WANT CHILD TO MEMORIZE\_)

E-MAIL ADDRESS \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ (MUST BE BORN BETWEEN 9/1/17 & 08/31/19) Age ON AUG. 31, 2024 \_\_\_\_\_  
ON AUGUST 31, 2024, YOUR CHILD MUST BE 5 OR 6 YEARS OLD TO BE ELIGIBLE.

PROOF OF RESIDENCY: ODL# \_\_\_\_\_ / OTHER \_\_\_\_\_ GRADE (FALL OF 2024) \_\_\_\_\_

MY CHILD WOULD LIKE TO BE IN A SMALL GROUP WITH (**ONE CHILD ONLY**) \_\_\_\_\_

\*WE WILL MAKE EVERY EFFORT TO PAIR YOUR CHILD ACCORDING TO THIS REQUEST, PROVIDED THAT 1) THE REQUESTED PARTNER'S REGISTRATION FORM ALSO REQUESTS YOUR CHILD, AND 2) THE TWO CHILDREN ARE BORN W/IN 12 MONTHS OF EACH OTHER. (WE MAKE GROUPS ACCORDING TO AGE.)\*

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CHILD'S PHYSICIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH INSURANCE Co. \_\_\_\_\_ GROUP No. \_\_\_\_\_

NAME OF: \_\_\_\_\_ AND \_\_\_\_\_  
MOTHER/GUARDIAN FATHER/GUARDIAN

\_\_\_\_\_ AND \_\_\_\_\_  
RESIDENCE & PHONE RESIDENCE & PHONE

EMERGENCY NAME (OTHER THAN PARENT): (1) \_\_\_\_\_ PHONE: \_\_\_\_\_  
(2) \_\_\_\_\_ PHONE: \_\_\_\_\_

LIST ANY ALLERGIES YOUR CHILD HAS (INCLUDING BEE STINGS): \_\_\_\_\_

SPECIAL ACCOMODATIONS NEEDED (I.E. WHEELCHAIR) \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
PLEASE PRINT NAME

REGISTERED BY \_\_\_\_\_  
PLEASE PRINT NAME

HOW DID YOU HEAR ABOUT TIGARD SAFETY TOWN? \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO - TIGARD SAFETY TOWN**

TIGARD SAFETY TOWN USE ONLY: FORM REVIEWED \_\_\_\_\_ AMT PAID \_\_\_\_\_ CHECK# \_\_\_\_\_

PROOF OF ADDRESS VERIFIED: YES No BIRTH CERTIFICATE VERIFIED: YES No

Tigard Safety Town  
**Permission/Waiver Form**

**MEDICAL AUTHORIZATION AND CONSENT TO TREATMENT OF CHILD**

I hereby authorize TIGARD SAFETY TOWN personnel to consent to any emergency medical treatment of the child below which such person deems advisable if a parent or legal guardian cannot reasonably be located when the child is in need of medical treatment. This authorization will be effective as of June 16, 2024, and will expire after July 10, 2024 (total period by law may not exceed six months).

**HAZARD/INJURY WAIVER**

I hereby give permission for my child's participation in any and all Tigard Safety Town activities. I assume all risks and hazards incidental to participation including transportation to and from activities, and do hereby waive, release, absolve, and agree to hold Tigard Safety Town, the officers, supervisors, participants and any person transporting said child to and from activities from any claim arising out of injury to said child.

**PHOTO RELEASE**

I hereby give permission for his or her photo to be taken and possibly used by Tigard Safety Town and/or the local media to promote Tigard Safety Town.

**SCHOOL BUS PERMISSION**

I give my permission for the above named child to ride a school bus on bus safety day.

I acknowledge that I am the parent or legal guardian and agree to all terms listed above.

Child's Name \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

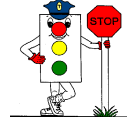
Parent/Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_





# 2024 TIGARD SAFETY TOWN REGISTRATION



To submit permission waiver form after registration day, please email to [info@tigardsafetytown.com](mailto:info@tigardsafetytown.com).

## 2020 TIGARD SAFETY TOWN REGISTRATION

YOUR CHILD IS REGISTERED FOR:

### SESSION AM

JUNE 18- - JUNE 28

9:00-11:15AM

\*NO CAMP JUNE 19th

### SESSION PM

JUNE 18- - JUNE 28

12:00-2:15

\*NO CAMP JUNE 19th

TIGARD SAFETY TOWN IS HELD AT MARY WOODWARD ELEMENTARY SCHOOL ,  
12325 SW KATHERINE ST , TIGARD.

- PLEASE MAKE ARRANGEMENTS TO SPEND 30 MINUTES AT TIGARD SAFETY TOWN ON THE FIRST DAY FOR INTRODUCTIONS, CAR POOL FORMS, ETC.
- PLEASE PLAN ON ATTENDING YOUR CHILD'S GRADUATION PROGRAM FOR THE LAST 30 MINUTES ON THE FINAL DAY OF THEIR SESSION.
- BICYCLE HELMETS AND CLOSE-TOED SHOES ARE **REQUIRED**. IF THEY FORGET THEIR HELMET, CHILDREN WILL NOT BE ABLE TO DRIVE THE CARS THAT DAY. PLEASE MARK NAME AND PHONE NUMBER ON THE HELMET!! PLEASE APPLY SUNSCREEN BEFORE CLASS EACH DAY.
- EVERY EFFORT WILL BE MADE TO PAIR YOUR CHILD WITH THE REQUESTED PARTNER, BUT GROUPS ARE MADE ACCORDING TO AGE SO **PLEASE** DO NOT REQUEST FOR YOUR CHILD TO BE PAIRED WITH A CHILD MORE THAN 12 MONTHS OLDER OR YOUNGER. YOU MUST ALSO MAKE ARRANGEMENTS FOR THE REQUESTED PARTNER'S PARENT TO PUT **YOUR CHILD'S** NAME ON THEIR REGISTRATION FORM.
- NON-SUFFICIENT FUND CHECKS WILL BE CHARGED AN ADDITIONAL \$25.00 FEE TO BE PAID WITHIN 48 HOURS BY CASH OR MONEY ORDER OR ENROLLMENT IS FORFEITED.
- IN THE EVENT YOU MUST WITHDRAW YOUR CHILD FROM TIGARD SAFETY TOWN:  
UP TO 3 WEEKS FOLLOWING REGISTRATION, A 50% REFUND WILL BE GRANTED. IF WITHDRAWAL IS MORE THAN 3 WEEKS AFTER REGISTRATION, NO REFUND WILL BE MADE.

QUESTIONS:

CONTACT [INFO@TIGARDSAFETYTOWN.COM](mailto:info@tigardsafetytown.com)

