

STUDENT #

# HURON TOWNSHIP POLICE

## Safety Village

SESSION #

Student Registration Form (Please Print Clearly)

Registration Fee: \$25.00 (resident) / \$30.00 (non-resident)

### COURSE DATES AND TIMES

Session One: 9:00 am -12:00 pm  
August 4<sup>th</sup> to August 8<sup>th</sup>, 2008

Session Two: 1:00 pm - 4:00 pm  
August 4th to August 8, 2008

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Distinguishing Marks (scars, birth marks, ....) \_\_\_\_\_

### PARENT INFORMATION

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MEDICAL INFORMATION** List any medical problems or information our staff should be aware of (allergies, Medications, etc.)

### EMERGENCY CONTACTS

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### WAIVER OF LIABILITY

I, personally and on behalf of the family members of the above listed child agree to defend, indemnify and hold harmless the Township of Huron, Michigan, the Huron Township Police Department, its agents, employees and representatives, in their official and individual capacities from any and all liability claims, demands, suits, losses, damages and costs, including, but not limited to, attorney's fees, expenses, court cost, and interest, for or arising out of or in connection with the Huron Township Police Safety Village Program or from any activity, work, or thing done, permitted or suffered by the above listed child in or about the Safety Village Program whether it be caused or arise out of the negligence or claim of the child or any of its family members or individuals invited to the activity conducted in connection with the Huron Township Police Safety Village Program or by the negligence of the Township of Huron or its employees, representatives or agents.

Parent / Legal Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature X \_\_\_\_\_ Date \_\_\_\_\_

Please return this registration form to the Huron Township Police Department at 36500 S. Huron Rd., New Boston, MI 48164 along with cash or a check payable to the Huron Township Police Dept. c/o Safety Village. If you have any questions Call: (734) 753-4400 Monday through Friday 8:00 am to 4:30 pm. Or Visit [WWW.HURONTOWNSHIP.COM](http://WWW.HURONTOWNSHIP.COM) or [WWW.HURONTOWNSHIP-MI.GOV](http://WWW.HURONTOWNSHIP-MI.GOV)

# PICK UP AUTHORIZATION

Due to some domestic situations, it is required that persons who will be authorized to pick students up from the program be listed. Persons may be added or removed at any time. Copies of any pertinent legal documents such as divorce decrees or protection orders may be turned into the program staff along with this registration form. Below, please list the person/s who will be authorized to pick up your student.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_