



# Safety Town Information Sheet

(must be submitted at least 10 Days before start of class)



Parents should complete this form and return it to: Recreation Dept.  
3805 S. Casper Dr.  
PO Box 510921  
New Berlin, WI 53151-0921

1<sup>st</sup> Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last

Boy  Girl School Attending Kindergarten \_\_\_\_\_

Does your Child have any Illnesses, Medications, Physical Limitations, or Allergies?  Yes  No

If Yes, Please Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2nd Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last

Boy  Girl School Attending Kindergarten \_\_\_\_\_

Does your Child have any Illnesses, Medications, Physical Limitations, or Allergies?  Yes  No

If Yes, Please Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## FAMILY INFORMATION:

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

## Person Other Than Parent/Guardian to be contacted in Case of Emergency:

Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

## Person Responsible for Picking Up Child:

Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Can your child be photographed?  Yes  No (If Yes, please also sign Photo Release on reverse of this form.)

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



## City of New Berlin Photo Release Form

I hereby grant the City of New Berlin permission to use my likeness in a photograph in any and all of its publications including website entries, social media entries or print publications without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of the City of New Berlin and will not be returned.

I hereby irrevocably authorize the City of New Berlin to edit, alter, copy, exhibit, publish or distribute this photo for the purposes of publicizing the City of New Berlin's programs and activities or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product including written or electronic copy wherein my likeness appears. Additionally, I waive my right to royalties or other compensation arising or related to the use of the photograph or image.

I hereby hold harmless, release and forever discharge the City of New Berlin, its officers, agents, insurers and assigns from all claims, demands, actions, causes of action which I, my heirs, representatives, personal representatives, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning and impact of this release. I agree to indemnify and hold harmless the City of New Berlin from any and all losses, claims, expenses, suits, costs, demands and damages or liabilities, including actual attorneys fees arising on account of personal injury, death or property damage of any nature whatsoever and by whomsoever made arising out of the photographic image referred to herein or its use and publication.

Name Printed	Signature	Date
Address		Phone No.

*If the person signing this release form is under the age of 18 there must be the consent of a parent or legal guardian as follows:*

I hereby certify that I am the parent or legal guardian of  named above and hereby give my consent without reservation to the foregoing on behalf of this person.

	*	
Name Printed of Parent/Legal Guardian	Signature of Parent/Legal Guardian	Date

