

CHEROKEE COUNTY SAFETY TOWN VOLUNTEER REGISTRATION FORM

PLEASE RETURN THIS FORM BY MAY 14 TO SAFE KIDS CHEROKEE COUNTY 1130 BLUFFS PKWY CANTON, GA 30114



VOLUNTEER INFORMATION

NAME _____ TSHIRT SIZE S M L XL

EMAIL ADDRESS _____

MAILING ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

PRESENT SCHOOL _____ PRESENT AGE _____ PRESENT GRADE _____

IF AN 8TH GRADER, WHAT HIGH SCHOOL WILL YOU ATTEND IN THE FALL? _____

EMERGENCY CONTACT INFORMATION

PARENT #1 NAME _____ WORK # _____ CELL # _____

PARENT #2 NAME _____ WORK # _____ CELL # _____

SESSION INFORMATION - INDICATE YOUR AVAILABILITY

YOU MAY INDICATE MORE THAN ONE SESSION. YOU WILL BE CONTACTED SHORTLY AFTER THE REGISTRATION END DATE WITH YOUR SESSION AND GROUP NUMBER.

_____ SESSION #1 JUNE 4 - 8 _____ SESSION #2 JUNE 11 - 15 _____ SESSION #3 JUNE 18 - 22

FRIEND REQUEST

IF YOU WOULD LIKE TO BE PLACED IN THE SAME GROUP AS A FRIEND, PLEASE INDICATE HIS/HER NAME _____

WILL YOU BE ABLE TO ATTEND TRAINING
ON WEDNESDAY MAY 30TH FROM 6-8PM?
YES _____ NO _____

STUDENT SIGNATURE _____
DATE _____

RELEASE OF LIABILITY/INDEMNITY

*MODIFIED RELEASES WILL NOT BE ACCEPTED

I RELEASE AND WAIVE AND FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS THE CHEROKEE COUNTY COUNCIL OF PTAS, SAFE KIDS CHEROKEE COUNTY, AND SAFETY TOWN, ITS MEMBERS, AGENTS, AND REPRESENTATIVES THEREOF, FROM ANY CLAIM FOR INJURIES, DAMAGES, OR LOSSES ARISING OUT OF, DURING, OR IN CONNECTION WITH THE ABOVE NAMED STUDENT'S PARTICIPATION IN THIS ACTIVITY, OR THE RENDERING OF EMERGENCY MEDICAL PROCEDURES OR TREATMENT, IF ANY. IN THE EVENT OF AN EMERGENCY, I AUTHORIZE ANY MEDICAL TREATMENT THAT MAY BE NEEDED. I UNDERSTAND THAT IN THE EVENT OF AN INJURY, I WILL BE CONTACTED FIRST AND THIS WAIVER WILL ONLY BE NECESSARY IF MY EMERGENCY PERSON CANNOT BE REACHED. I ALSO UNDERSTAND THAT MY CHILD MAY BE PHOTOGRAPHED/VIDEOTAPED DURING SAFETY TOWN FOR USE IN PROMOTION OF THIS PROGRAM. I UNDERSTAND THAT ALL INFORMATION PROVIDED IS CONFIDENTIAL AND WILL REMAIN CONFIDENTIAL. I HAVE READ AND FULLY UNDERSTAND THIS SAFETY TOWN RELEASE OF LIABILITY.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

I AM A NEW VOLUNTEER
YES _____ NO _____
IF NO, YOU DO NOT NEED TO COMPLETE THE NEXT PAGE

CHEROKEE COUNTY SAFETY TOWN - NEW VOLUNTEERS

NAME _____

HOBBIES _____

STRENGTHS _____

STRETCHES _____

THINGS THAT MAKE ME HAPPY _____

THINGS THAT ROCK MY BOAT _____

WHAT I HOPE TO GAIN FROM MY SAFETY TOWN EXPERIENCE

