

# 2025 SAFETY TOWN REGISTRATION

**Registration Fee: \$65.00 Berea City School District Residents Only – Classes are limited**

Session #1 – June 9 – June 12 9:00 – 11:30pm

Session #2 – June 9 – June 12 12:30 – 3:00pm

REGULAR CLASS SESSIONS MONDAY – THURSDAY ARE HELD AT THE BEREAL RECREATION CENTER

**SESSIONS 1&2 GRADUATION IS SCHEDULED ON FRIDAY JUNE 13<sup>TH</sup> - 11:00 AM @ COE LAKE PAVILION**



**Safety Town is for children entering kindergarten in the fall of 2025!**

In Partnership with the Berea Police and Fire Departments, Safety Town offers a variety of activities and field trips plus the use of bikes, traffic signals and classroom activities to teach children safety measures. The children will focus on safety skills that can be used on a daily basis. They will practice walking to school and riding the bus and will learn how to react safely in an emergency. They also will work on learning their phone number and home address.

**We are also in need of volunteers to help. Volunteers must be in 8<sup>th</sup> grade or higher.**

**Please contact Lisa Peabody at 216-548-5213 if interested.**

Printed at the expense of the Berea Recreation Department

## PLEASE PRINT

CIRCLE DESIRED SESSION:  1  2

CHILD'S FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

CIRCLE:  MALE  FEMALE DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

SHOULD OUR STAFF BE AWARE OF ANY SPECIAL ACCOMMODATIONS OR NEEDS THAT WILL BE REQUIRED? YES / NO \_\_\_\_\_

PRIMARY PARENT CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (MANDATORY)

CIRCLE SHIRT SIZE:  YS (6-8)  YM (10-12)  YL (14-16)

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**WAIVER AND RELEASE:** In consideration of the City of Berea granting my child the permission to engage in and assume the risk of participating in the Safety Town Program with the Berea Recreation Department, I agree to assume the risk of such activity and further agree to release, hold harmless and indemnify the City of Berea, its employees, agents and independent contractors conducting the recreational activity and/or exercise program from any and all claims, suits, losses or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from recreational activity and/or exercise program, loss of property, personal injury to me/us or the act or failure to act by the City of Berea or its employees, agents or independent contractors. The undersigned further assumes the risk of all dangerous conditions in and about the City of Berea Recreation Center property both real and personal and waive any and all specific notice of the existence of such dangerous conditions, if any. Registrants permit the taking of photos and videos of themselves during program participation for publication in the program brochure, website, and additional uses, as the Department deems necessary. Furthermore, the release bars claims by the undersigned's children, heirs, assigns, executors and administrators.

THERE ARE NO PROGRAM REFUNDS.

PARENT SIGNATURE: \_\_\_\_\_

**RECREATION CENTER STAFF ONLY:**

DATE: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

CREDIT

CHECK

NOTES:

STAFF INITIALS: \_\_\_\_\_