



# Safety Town



*Sponsored by:*

**Richmond Heights Recreation Department  
and University Hospitals/Richmond Medical Center**

## 2012 Dates Are Being Planned

## Please Check Back!

*(Children that are residents of **any** city may attend)*

*Classes Held At Richmond Heights Elementary School  
447 Richmond Road, Richmond Heights, Ohio 44143*



**Registration Form**    *Class is recommended for children age 5, entering kindergarten (child must be 4)*

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

CITY/ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

I WOULD PREFER MY CHILD ATTEND THE SESSION CIRCLED BELOW:

MY CHILD'S T-SHIRT SIZE IS (please circle)    SMALL 6 - 8    MEDIUM 10 - 12    LARGE 14 - 16  
*-t-shirts do run small*

I hereby give my consent for my son or daughter to participate in the Safety Town Program. I realize Safety Town is a Volunteer Non-Profit Organization and will not hold them, The City of Richmond Heights or the instructor responsible in the event of an accident or injury to my child. I also know that every effort is being made to provide a safe environment for this program.

**Fee:** \$30 payable to *City of Richmond Heights*.

I understand payment in full is required to confirm my child's place in the Safety Town Program.

Please mail this form and check as soon as possible, class size limited : **Richmond Heights Recreation Department**  
**For more information, please call (216) 383-6313.**

**26789 Highland Road  
Richmond Heights, Ohio 44143**

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_