

# SAFETY CITY

SCAN  
ME



June 23-27th, 2025. Morning Session 9a-12p. Afternoon Session 1p-4p

Safety City is an early childhood education program for kids who are pre-kindergarten or kindergarten students.



HANDS ON  
LEARNING



- CLASSROOM SESSION
- CRAFTS & MUSIC
- VEHICLE CITY
- RESOURCE HOUR

MORNING  
&  
AFTERNOON  
SESSIONS

- LOCATED AT **WATERVILLE PRIMARY SCHOOL.**
- TWO SEPARATE SESSIONS
- ANTHONY WAYNE LOCAL SCHOOLS INSTRUCTORS



5  
DIFFERENT  
SAFETY  
DAYS



- WATERVILLE POLICE & FIRE DEPARTMENTS
- ANTHONY WAYNE TRANSPORTATION
- OHIO DEPARTMENT OF NATURAL RESOURCES
- JUSTICE FOR SIERAH

CONTACT US:

AGLOVER@WATERVILLE.ORG

419-878-8184

# Waterville Safety City 2025

Office Use

Residents living in the City of Waterville will have until June 1st to sign up for classes. Open registration for anyone living outside the City of Waterville can sign up, if spots are available, after June 1st.

Office Use

**Registration Fee: \$40.00**

## COURSE DATES AND TIMES

Mark first choice with a  and second choice with a

**Session One:** 9:00 am -12:00 pm

**June 23, 24, 25, 26, & 27 - 2025**

**Session Two:** 1:00 pm - 4:00 pm

**June 23, 24, 25, 26, & 27 - 2025**

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Youth Shirt Size \_\_\_\_\_

Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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

## PARENT INFORMATION

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

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 City of Waterville, 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 Waterville Safety City Program or from any activity, work, or thing done, permitted or suffered by the above listed child in or about the Safety City 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 Waterville Safety City Program or by the negligence of the City of Waterville or its employees, representatives or agents.

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

Please return this registration form to the Waterville Police Department along with \$40.00 cash or a check (non-refundable) payable to the City of Waterville c/o Safety City Program. You may also mail this registration and payment to City of Waterville Police at 25 North Second Street, Waterville, Ohio 43566 ATT: City of Waterville Police - Safety City. If you have any questions Call: (419) 878-8184 or email Officer Glover at [Aglover@Waterville.org](mailto:Aglover@Waterville.org)

**CONSENT/ WAIVER FOR  
FINGER PRINTING OF CHILD  
FOR SAFETY CITY PROGRAM**

The undersigned parents and/or guardian of \_\_\_\_\_, a minor, for and in consideration of the services provided by the Waterville Police Department of the City of Waterville, Ohio, and for other good and valuable consideration, the receipt of which is hereby acknowledged by the undersigned, do hereby consent to have the Waterville Police Department & Justice for Sierah Foundation fingerprint said child for the Safety City Program and do hereby waive, release, and forever discharge the City of Waterville, Ohio, a municipal corporation, the Waterville Police Department, the Justice for Sierah Foundation, and their agents, successors, and assigns from any and all claims and causes of action of any kind or nature which the undersigned may have, or in the future can, shall, or may have on account of any and all damages, losses, or injuries to persons or property, or both, known and unknown, resulting or to result from the fingerprint of said child.

It is hereby acknowledged that the fingerprint of said child is being done at the voluntary request of said child and the undersigned.

The undersigned hereby declare that the terms of this consent, release and wavier have been completely read and are fully understood and voluntarily accepted for the purpose of aforesaid and for the express purpose of precluding forever any further or additional claims arising out of aforesaid fingerprinting.

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Signature of Parent or Guardian

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Date

**CONSENT/WAIVER FOR PHOTOGRAPHS AND/OR VIDEO TAPES**  
**FOR**  
**THE SAFETY CITY PROGRAM**

The undersigned parents and/or guardian of \_\_\_\_\_, a minor, for and in consideration of the services provided by the Waterville Police Department of the City of Waterville, Ohio, and for other good and valuable consideration, the receipt of which is hereby acknowledged by the undersigned, do hereby consent to have the Waterville Police Department and the Mirror Newspaper photograph and/or video tape said child, the ***photographs and/or videotapes will be used for class pictures and promotional purposes for the Safety City Program*** and do hereby waive, release, and forever discharge the City of Waterville, Ohio, a municipal corporation, the Waterville Police Department, and their agents, successors, and assigns from any and all claims and causes of action of any kind or nature which the undersigned may have, or in the future can, shall, or may have on account of any and all damages, losses, or injuries to persons or property, or both, known and unknown, resulting or to result from photographing and/or video taping of said child.

It is hereby acknowledged that the photographs and/or videotapes of said child is being done at the voluntary request of said child and the undersigned.

The undersigned hereby declare that the terms of this consent, release and wavier have been completely read and are fully understood and voluntarily accepted for the purpose of aforesaid and for the express purpose of precluding forever any further or additional claims arising out of aforesaid photographs and/or video tapes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date