

800 Wheeling Avenue  
Glen Dale, WV 26038  
Phone / 304-845-3211  
Ext: 201139  
Fax / 304-843-3380

## SAFETY TOWN REGISTRATION FORM

This safety course will take place at Gran Vue Park in Moundsville, West Virginia at the Richmond Hall from June 5 - 16 for a total of ten weekdays from 9:30 a.m. until 11:30 a.m. Please note Safety Town students must be 4 or 5 years old by June 5, 2023.

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Best number to contact during Safety Town: \_\_\_\_\_

Child's Address (the one you wish for them to learn):

\_\_\_\_\_

\_\_\_\_\_

Child's Phone Number (the one you wish for them to learn):

\_\_\_\_\_

Child's t-shirt size (please circle):      Small                      Medium                      Large

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Reynolds Memorial Hospital will take reasonable care to see that the following information will be held in confidence. Please do not send your child if he/she has a contagious illness.

Please list any allergies (medication, food, plants, insects, or other):

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Does the child take any medications that will need administered during Safety Town?

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Does the child have a medically prescribed diet that will need adhered to during Safety Town? Yes/No  
If yes, please explain:

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Please list the people who have permission to pick up your child from Safety Town:

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If there is anyone who is absolutely not permitted to pick up your child, please list their name here and discuss with the Safety Town instructor:

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Please read carefully. By signing, I agree to the following:

\_\_\_\_\_ As the parent or legal guardian of the below named child, I hereby give permission to participate in the Safety Town program, sponsored by Reynolds Memorial Hospital at Gran Vue Park from June 5 - June 10, 2023.

\_\_\_\_\_ I hereby give permission to Safety Town instructors and volunteers to apply a sunscreen product of SPF 15 or higher to my child when he or she will be engaging in outdoor activities.

\_\_\_\_\_ If you DO NOT give permission to instructors to apply sunscreen and understand it is your responsibility to apply sunscreen before they arrive.

\_\_\_\_\_ Reynolds Memorial Hospital may use and reproduce photographs taken of the child during Safety Town for publicity purposes.

In consideration for the services being provided, I waive any and all claims for damages that I and/or the below named child may have against Reynolds Memorial Hospital, Grand Vue Park, their employees, volunteers and agents.

I am the custodial parent and/or legal guardian of the below named child and have legal authority to sign this Registration Form.

Child's Name (Print): \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_

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

Date: \_\_\_\_\_



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**Please include the \$30 course fee with your application.**

**This fee includes all snacks, classroom materials, a graduate t-shirt and a bicycle helmet. Cash is accepted. Checks may be made payable to Reynolds Memorial Hospital.**

**Safety Town will take 30 students on a first-come, first-serve basis. We cannot hold a seat for your child until the \$30 course fee has been paid.**

**Please drop off applications at the Hospital front desk or send them via mail to the hospital with attention to Cole Skaggs.**