



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SAFETY TOWN



JUNE 5-16



Pre-School

Member Cost : \$15
Non-Member Cost: \$25
Scholarship assistance
Available

3- 6 Year Olds
Bike Safety
Police Department
Traffic & Pedestrian
Fire Safety
Drug Safety
Stranger Danger
Electric Safety
Water Safety
Animal Safety
School Bus Safety
911

8:30-11AM
M-F

Mid- morning snack
provided

FAIR ACRES FAMILY YMCA

2600 Grand Ave * Carthage, MO 64836 * 417-358-1070

Safety Town Waiver

I, the parent or guardian of the applicant agrees that the YMCA and all individuals participating in Safety Town in any capacity will not be liable for any cause of actions, claims and or injuries arising from the participation of the applicant in the Safety Town Program, and hereby release all said individuals from such claims liabilities. The undersigned acknowledges that in all games and actives there are certain risks of physical injuries, and that all children participate at their own risk. I give my permission to the Fair Acres YMCA to take my child for a bus ride as part of Safety Town's effort to teach bus safety. We will be driving to the Fire Department for a tour of the Fire Station and will return to the Y for child pick up. By signing this agreement, I am also giving my permission to the Fair Acres Family YMCA to allow my child to swim in the Fair Acres YMCA Therapy pool during water safety day.

Parents are invited to any activity they wish to participate in, please let your counselor know if you would like to attend . You may follow the fun on the Fair Acres Family YMCA Face Book page, photographs will be posted daily . Express permission is understood to do so.

By signing this agreement you are granting your permission for your child to participate fully under the terms of this agreement.

Parent Signature _____

As a part of Safety town we will be serving 1 snack per day.
Please let us know if your child is allergic to any foods or juices.
Please check one:

_____ My child is allergic to _____

_____ My child is not allergic to any foods, and or beverages.

_____ I will be providing my child's snack daily .

In an effort to teach your child about 911 please fill out the following Information .

Childs Name _____

Address of Child _____

Phone number of Child _____