



Safety Town Camper Registration

Safety Town is a day camp for five and six year-olds.

Registration starts **June 20, 2025**, and is open until full. Spots will be filled on a first come, first served basis.

Return this form to the Library when complete.

//////////////// General Information //////////////////

Camper's Name (first & last): _____

Birth date (must be 5 years old before the start of camp): _____

School Attending for the 2025-2026 school year (if homeschooled, please indicate):

Parent/Guardian Name (first & last): _____

Address: _____

Phone: _____

E-mail: _____

Child's t-shirt size (youth sizes):
(circle one)

Small Medium Large X-Large

Helmet size (if known):
(circle one)

Small Medium Large X-Large

Outside of your home, does your child typically require one-on-one support to be successful?

☐ **YES** ☐ **NO**

Please note: We cannot provide a dedicated helper for your child, but we would like to have a conversation about whether the Safety Town experience would be a good fit and what this might look like for your family.

//////////////// Field Trips and Photos //////////////////

Please initial next to each statement.

_____ I give permission for my child to participate in the school bus field trip on Tuesday, August 19, 2025, which will visit both Stayton Elementary School and Sublimity School.

_____ I give permission for my child to be photographed at Safety Town for the purpose of capturing memories of their experience.

_____ I give permission for photos that include my child to be used in promoting Safety Town in the future, either in print, online or on social media. (I understand that this permission remains in effect unless otherwise revoked in writing.)

//////////////// Camper Pick up Plans: //////////////////

Please list **ALL** people allowed to pick up your child from Stayton's Safety Town, including the parent/guardian.

*Please note: Any person picking up your child must be on the list you have provided AND must show their ID before children will be released. **No exceptions.***

Wait! There's more on the back!

Emergency Response Plan

In case of emergency, please contact:

Parent/Guardian name: _____

Phone: _____

If we are unable to reach the parent/guardian listed above, who should we contact in case of an emergency? (please provide at least one)

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship to child: _____

Relationship to child: _____

Family Doctor: _____

Family Dentist: _____

Phone: _____

Phone: _____

Are there any allergies or other health concerns that apply for your child? Please list them below.

Is your child currently taking any medication? ☐ YES ☐ NO

If yes, please indicate which ones:

Please note: We are unable to administer any medication. If your child requires a medication during Safety Town, please let us know so we can plan together accordingly.

Please initial next to each item.

_____ In the event of illness or injury, I give permission for my child to receive emergency medical treatment as determined necessary by first responders and emergency personnel.

_____ I understand that Safety Town staff will make every reasonable effort to reach me if this situation arises.

Participation in Safety Town will encourage your child to explore a variety of safety topics under the supervision and guidance of staff and volunteers. Activities will include having close encounters with working animals, navigating pedal-powered cars, running, jumping, dancing and other physical activities.

_____ I am aware of the types of activities that will take place during Stayton's Safety Town and acknowledge my camper is capable of participating in the activities.

By signing this release form, on behalf of myself and my camper, I agree to waive and discharge any and all claims and to hold harmless the City of Stayton, its officers, employees, volunteers, and agents from any claims for injury, torts, or damages, except where caused by the City's sole negligence, that may arise from, or in connection with the Stayton's Safety Town activities.

Parent/Guardian Signature: _____ Date: _____

Thank you for your interest in Safety Town. We look forward to seeing you!

Please watch for a Safety Town Update email in early August with more information to help you and your camper prepare.

Questions? Please contact the Stayton Public Library at **503-769-3313**.