



LOS ALAMOS COUNTY
Safety Town Program
2019 REGISTRATION FORM

Forms are to be turned in at the Larry R. Walkup Aquatic Center Front Desk (2760 Canyon Road) on or before Wednesday, June 5, 2019

PART A: PARTICIPANT INFORMATION (To be completed by parent / guardian)

Name (First, Middle Initial, Last), Address (Street, Apt. #, City, State, Zip), Phone Numbers (Home, Cell, Work), E-Mail Address, Participant Age, Birth date (Month/Day/Year), Male/Female, School, Grade Level (Fall of 2019)

PART B: EMERGENCY CONTACT INFORMATION

Mother | Father | Guardian Name (Please print), Please circle one, Phone numbers for above named person (Home, Cell, Work) - repeated for two contacts

Emergency contact if neither parent(s) nor guardian(s) are available:

(1) Name, Relationship, Phone Number(s); (2) Name, Relationship, Phone Number(s)

PART C: MEDICAL INFORMATION

Participant's Physician Name, Physician's Address, Phone, Participant's Insurance, Policy #, Date of last Tetanus Shot (or indicate if shots are current), Current Yes/No

PART D: ALLERGY & MEDICATION INFORMATION

Does participant have any known allergies? YES/NO, Please specify known allergies, Is participant currently taking any prescription or over-the-counter medication? YES/NO, If YES, please specify

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD FROM SAFETY TOWN:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

PLEASE LIST ANY PERSON **UNAUTHORIZED** TO PICK UP YOUR CHILD:
(Appropriate custody papers shall be attached if a parent is not allowed to pick up the child.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Any person whom I instruct to pick up my child will be aware of code word listed below, which my child and I agree upon. I acknowledge that any person who picks up my child will be asked to identify the code word and present identification. (The Code word can be anything ranging from a dog’s name to a favorite food.) ***If a person other than those listed under the pick-up authorization try to pick up your child, we will NOT RELEASE your child to that person unless we have written permission from you first (even if they know the code word).***

CODE WORD: _____

Please add anything else you feel is important for us to know about your child to make his/her summer experience the best it can be:

I hereby authorize Los Alamos County to take my child to the aforementioned physician or Los Alamos Medical Center for treatment in the event of any emergency in which a parent or legal guardian cannot be reached.

I hereby authorize any licensed physician or Los Alamos Medical Center to treat my child in case of an emergency in which the aforementioned physician cannot respond and a parent or legal guardian cannot be reached.

I hereby authorize Los Alamos County and Atomic City Transit to transport my child.

I, the undersigned, for myself, and on behalf of the minor child, give consent for my child to participate in the full Safety Town Program and all activities unless I advise you in writing. I give permission for Los Alamos County to use any photograph or video footage of my child/ren for promotional material. To the best of my knowledge my child is in good health and I will notify the program if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Los Alamos County and staff from any liability concerning my child’s involvement in the Safety Town Program and further agree that the use of all Los Alamos County and Los Alamos Public Schools facilities are made at the risk of the registrant.

I understand that the Program Administration reserves the right to dismiss a participant who in their opinion is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Safety town Program.

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

PRINT NAME OF PARENT/LEGAL GUARDIAN

SELF-IDENTIFICATION FORM:

In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, the Incorporated County of Los Alamos ("the County") invites you to identify any physical or mental disability which would preclude your child or children from fully participating as a participant in the Safety Town Program.

The County is fully committed to complying with the requirements of the Acts set forth above. In this regard, the County will provide reasonable accommodations to participants who require them in order to fully participate in the program. The County has established certain safeguards to ensure that discrimination does not occur on the basis of disability. The County's Policies and Procedures address the reasonable accommodation process. Individuals with disabilities are not required to self-identify at any time. However, the County is only required to accommodate known disabilities. The County is not required to search medical files in order to determine the existence of a disability.

Los Alamos County makes every effort to accommodate all children. The Safety Town program does not provide special aides, however, if your child has an aide, we welcome their attendance. Additionally, LAPS will not provide individual instructional assistants.

THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL. THIS INFORMATION IS BEING REQUESTED SOLELY FOR STAFFING PURPOSES.

Type of disability you wish to identify:

Reasonable accommodation which would allow you to participate in the Safety Town program:

Signature _____

Date _____

Relationship _____