

Blissfield Safety City Registration

\$20.00

Child's Name _____ DOB _____

Address _____ City _____ Zip _____

Phone Number _____ Sex _____

E-Mail _____

School child attending in the Fall _____

Friends or Relatives attending Safety City: _____

***** **EMERGENCY INFORMATION** *****

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work _____ Cell _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work _____ Cell _____

Physician Name _____ Physician Phone _____

Hospital Preference _____

Emergency Contact _____ Relationship _____

Phone _____ Address _____

Please indicate any special health needs your child has: _____

During the week of Safety City, your child may be photographed for the use of promoting Safety City in the future.

By signing below, I give my Child permission to attend Safety City.

Parent/Guardian Signature

Pay at: Village Office
130 S. Lane St

OR Mail to:

Village of Blissfield
P.O. Box 129
Blissfield, MI 49228

Please make checks payable to: Village of Blissfield

Deadline August 1st, 2018