

SAFETY TOWN REGISTRATION

To: Lakeshore Lions Club

Child's Full Name _____

Parent's Full Name _____

Primary Phone Number _____

Primary Address _____

In case of emergency, please contact _____

Phone number _____

Relationship to child _____

Known allergies _____

Please provide any additional information about your child that would be helpful:

Morning Session: 9:00 – 11:00 am _____

Afternoon Session: 12:30 - 2:30 PM _____

I understand that my child is expected to attend all five days, unless ill. I will provide a bike helmet for all five days.

Parent Signature _____

Date _____