JR SAFETY ACADEMY REGISTRATION FORM

Name	Date of Birth		
Address			
Parent/Guardian	Phone Number		
Email			
Emergency Contact	Phone Number		
Does your child have any allergies such as food or outdoor	allergies?	□ YES	□ No
Parent / Guardian - please read and initial by each statem	ent·		
In the event of a health emergency, I authorize West Valley Fire Department to provide / seek emergency care of			
my child.	st valley Fire Department to pi	rovide / seek emerge	ency care of
I give permission for my child to practice CPR on a	manikin.		
I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the Jr Safety Academy activities for which he/she has been registered.			
Acknowledgement of Risk of Injury/Release and Ward of injury involved in the activities that my child will engage participation in the Academy, I herby agree to release, waive Protection District 12 and their respective employees, memour child for any and all claims.	in during the Jr Safety Academ e, hold harmless, and shall ind	ny. In consideration c demnify Yakima Cour	of my child's nty Fire
By submitting the registration form I agree to the to acceptance.	erms listed above and provide	my signature as prod	of of
Signature of Parent/Guardian	 Date		
- Signature of Farenty Gaardian	Date		
Jr Safety Academy participant - please read and initial by	each statement:		
I will be respectful of others, including Academy stabullying, teasing or any physical aggressive behavior. Particle removed from the situation and sent home.	iff. Yakima County Fire Protect		
I will have respect for others property and the supp	lies and equipment of Yakima	County Fire District	12.
I will keep my cell phone put away during Academy	. I may use it during snack and	d/or lunch times only	/ .
Signature of Participant	 Date		