

Office Use

# HURON TOWNSHIP POLICE

## Safety Village

Office Use

Volunteer Registration Form (Please Print Clearly)

### COURSE DATES AND TIMES

**Session One:** 9:00 am -12:00 pm  
August 3rd to August 7th, 2009

**Session Two:** 1:00 pm -4:00 pm  
August 3rd to August 7th, 2005

### VOLUNTEER INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### PARENT INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**MEDICAL INFORMATION** List any medical problems or information our staff should be aware of (allergies, Medications, etc.)

### EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### WAIVER OF LIABILITY

I, personally and on behalf of the family members of the above listed person, agree to defend, indemnify and hold harmless the Township of Huron, Huron Township Police Department, it's agents, employees and representatives, in their official and individual capacities from any and all liability claims, demands, suits, losses, damages and costs, including, but not limited to, attorney's fees, expenses, court cost, and interest, for or arising out of or in connection with the Huron Township Police Safety Village Program or from any activity, work, or thing done, permitted or suffered by the above listed child in or about the Safety Village Program whether it be caused or arise out of the negligence or claim of the child or any of its family members or individuals invited to the activity conducted in connection with the Safety Village Program or by the negligence of the Township of Huron or it's employees, representatives or agents.

Volunteer Signature X \_\_\_\_\_ Date \_\_\_\_\_

Parent / Legal Guardian Signature X \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature X \_\_\_\_\_ Date \_\_\_\_\_

Please return this registration form to the Huron Township Police Department at 36500 S. Huron Rd, New Boston, MI 48164. If you have any questions Call: (734) 753-4400 Monday through Friday 8:00 am to 4:30 pm.