



2024 Kiwanis Safety Kamp Application

Kamper's Name: _____

Nickname: _____

Gender: _____ Age: _____

Grade in FALL (circle): Kdg 1st 2nd

School Attending: _____

Kamper's Address: _____

City: _____ State: _____

Medical Conditions/Food Allergies: _____

In consideration of said child's participation in the Kiwanis Safety Kamp Program, The Kiwanis Club of Richmond and Safety Village of Wayne County Indiana shall not be liable for any injury or other damages resulting from said child's participation in Safety Village. The undersigned on his or her behalf and on behalf of said child hereby releases said entitles from any such claims and shall indemnify and hold harmless the Kiwanis Club of Richmond and Safety Village of Wayne County Indiana from any such claims. Additionally, I give permission for use of any photos that will promote Kiwanis Safety Kamp, The Kiwanis Club of Richmond of Richmond and Safety Village of Wayne County Indiana. I also give permission to transport said child in a school bus for field trips during Kiwanis Safety Kamp sessions. Said photos may appear on the website and/or Facebook for Safety Village of Wayne County.

Parent/Guardian Signature: _____

Parent/Guardian (Printed): _____

Contact Phone Number: _____

Email Address: _____

Select Session Preference (Circle Choice Below)

Saturday, July 13th or Saturday, July 20th

Session schedule: 8:00 a.m. Sign-In

8:30 a.m.—3:30 p.m. (Safety Kamp with lunch provided)

Registration Fee: \$30 Scholarships available (Circle only if needed) YES

T-Shirt size (circle): YS YM YL YXL

Send completed application & payment to: Safety Village of Wayne County
PO Box 295, Richmond, IN 47375



Questions? 765-935-1230 or info@safetyvillagewaynecounty.org

The school district does not sponsor this event and the district assumes no responsibility for it.