

2025 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 any photos that will promote Kiwanis Safety Kamp, The Kiwanis Club of Richmond and Safety Village of Wayne County Indiana. Said photos may appear on the website and/or Facebook for Safety Village of Wayne County.

Parent/Guardian Signature: _____

Parent/Guardian Name (Printed): _____

Contact Phone Number: _____

Email Address: _____

Select Session Preference (circle choice below):

Saturday, July 19 or Saturday, July 26

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

8:30 a.m. – 3:00 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 (checks payable to Safety Village):
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.