



Monclova Township Fire Department

Safety Township Registration

*This course has a registration fee of \$30 which covers materials for education.
 Applications will be accepted up to 3 weeks prior to the start date of the course.
 Maximum of 30 students' total. First Come First serve basis.
 Fee must be paid at time of enrollment.*

(Please Print)

Child's Information

Child's Name: _____ DOB: _____ Age: _____

Child's Address: _____

City: _____ Zip: _____

T-Shirt size: 6-8 10-12 14-16

School Information (Only children entering kindergarten in the fall and are within MTFD jurisdiction will be eligible)

School: _____ Grade: _____

List of any special health or handicap conditions your child has (include food allergies)

Parent/Guardian Information

Name: _____ Email: _____

Relationship: _____ Phone: _____

Emergency Information

Person to be contacted if the Parent/Guardian cannot be reached

#1 Name: _____

Relationship: _____ Phone: _____

#2 Name: _____

Relationship: _____ Phone: _____

Date of Program: July 21 - 25, 2025

Time of Program: 09:00 AM – 11:00 AM

The above session will be held at the Monclova Community Center:
8115 Monclova Road, Monclova, Ohio 43542

I hereby give my consent for my child to participate in the Monclova Township Fire Department Safety Township Program. I understand I am responsible for getting my child to and from the Monclova Community Center.

Signature: _____

Please mail or drop off registration at:

Monclova Township Administration Building
4335 Albon Road
Monclova, Ohio 43542

Please make checks payable: Monclova Township

If after enrollment, your child cannot attend, please call 419-865-9423

Have questions?

**Monclova Township Fire Prevention
419-865-9423**

fireprevention@monclovatwp.org

Waiver of Liability

I, personally and on behalf of the family members of the above agree to defend, indemnify and hold harmless Monclova Township, its 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 Monclova Township Safety Township Program or from any activity, work, or thing done, permitted or suffered by the above listed child in or about the Safety Township 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 Monclova Township Safety Township Program or by the negligence of the Monclova Township Employees, representatives, or agents.

Parent/Legal Guardian Signature: _____ Date: _____

Witness Signature: _____

Office use Only: Date Received: _____ Session: _____ Payment: _____



Monclova Township Fire Department

Safety Township

***Consent, Release, and Waiver
Photographs and/or video tapes for:
"Safety Township"
July 21 – 25, 2025***

The undersigned parents and/or guardian(s) of _____, a minor, for and in consideration of the services provided by the Monclova Township Fire Department, of the Township of Monclova, in Monclova, Ohio, and for other good and valuable consideration, the receipt of which is hereby acknowledge by the undersigned, do hereby consent to have the Monclova Township Fire Department photograph and/or video tape said child, the photographs and/or video tapes will be used for the "Safety Township Program" and Monclova Township Fire Department promotional purposes and do hereby waive, release, and forever discharge Monclova Township and Monclova Township Fire Department, Monclova, Ohio, their agents, successors, and assigns from any and all claims and causes of action of any kind or nature which the undersigned may have, or in the future can, shall, or may have on account of any and all damages, losses, or injuries to persons or property, or both, known and unknown, resulting or to result from photographing and/or video taping of said child.

It is hereby acknowledged that the photographs and/or videotapes of said child is being done at the voluntary request of said child and undersigned.

The undersigned hereby declare that the terms of this consent, release and waiver have been completely read and are fully understood and voluntarily accepted for the purpose of aforesaid and for the express purpose of precluding forever any further or additional claims arising out of aforesaid photographs and/or video tapes.

Signature of Parent or Guardian

Date