

# GAHANNA SAFETY TOWN

## City of Gahanna & Mifflin Township



### 2026 REGISTRATION (one form per child)

Child's Full Name:		Youth T-Shirt Size:	
Child's DOB:		Child 2026-27 School District:	
Parent/Guardian Name:		Phone:	
Address (street, city, zip):			
Parent/Guardian Email:			
<b>EMERGENCY CONTACT INFORMATION</b>			
Primary Emergency Contact Name:		Phone:	
Secondary Emergency Contact Name:		Phone:	
<b>Please list the name(s) of Individual(s) Authorized to pick up the child registered on this form: PHOTO ID REQUIRED FOR PICKUP</b>			
<b>Sessions are limited to 80 students and will be filled as applications are received. Please choose one:</b>			
AM Session 8AM-11AM	<input type="checkbox"/>	PM Session 12N-3PM	<input type="checkbox"/>
<b>Photo   Video   Voice Release</b>			
<p>I hereby give my permission to Gahanna Safety Town, Mifflin Township, the Mifflin Township Division of Fire, the City of Gahanna, and the Gahanna Division of Police, to use the above-named child's photo, video, and/or voice in print, online and other media for marketing, promotion, publicity, and recruiting purposes (including members, volunteers, and supporters. I understand this permission does not expire and there is no compensation for this use.</p>			
Parent/Guardian Signature:		Date:	
<p>Registration Fee \$45 per child. Payment by check or cash. Cannot take credit card payments at this time.</p> <p><b>Mail registration form with check made payable to:</b> Mifflin Township - PO Box 307630, Gahanna OH 43230 Please print child's name on check memo line.</p> <p><b>Cash payment can be made Mon-Fri from 9 a.m. – 3 p.m. at:</b> Mifflin Township Operations Center – Fire Admin Office 400 W Johnstown Rd, Suite 210, Gahanna OH 43230 (located next to Whit's Custard and across from City BBQ) Please bring exact dollar amount. Thank you.</p> <p><b>Email questions to:</b> <a href="mailto:gahannasafetytown@mifflin-oh.gov">gahannasafetytown@mifflin-oh.gov</a></p>		<b>FOR OFFICIAL USE ONLY</b>	
		DATE REG RCVD: _____	
		DATE PMT RCVD: _____	
		<b>Session &amp; Color Group:</b>	
		AM Session <input type="checkbox"/>   R <input type="checkbox"/> Y <input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/>	
		PM Session <input type="checkbox"/>   R <input type="checkbox"/> Y <input type="checkbox"/> G <input type="checkbox"/> B <input type="checkbox"/>	