



CHILD RESTRAINT REGISTRATION FORM

No. _____ 200 _____ Date _____

Parent Grandparent Other _____

Participant's First Name _____ Last Name _____

Parent's Address _____

City/Twp. _____ State _____ Zip Code _____ Phone () _____

Child's First Name _____ Age (yrs & months) _____

Child's weight _____ Height _____

Child present? Yes No Expectant Parent? Yes No

Make of Vehicle _____ Vehicle Year _____ Model _____

Front passenger air bag? Yes No If yes, is the air bag active? Yes No

How did you hear of our service? Internet/Department website Friend/Relative Newspaper

Other _____

YOU MUST READ AND SIGN THIS FORM BEFORE AN INSPECTION CAN BE COMPLETED

I understand and agree that the sole purpose of this service is to help reduce the incidence of the improper installation of car seats; that this inspection is being provided as a free service to me; that this program cannot fully evaluate the quality, safety, or condition of the car seat, the car seat provided or any component of my vehicle, including the seats or safety belts; and that this program cannot guarantee my child's safety in a vehicle collision. However, I understand that a properly used car seat can reduce fatal injury by 71% for infants and by 54% for toddlers and that it is important to read both the vehicle and car seat instruction manuals. For these reasons I hereby release the National Safe Kids Coalitions and the city of St. Clair and its police department from any present and future liability for any injuries or damages that may result from a vehicle collision or otherwise.

SIGNATURE _____ DATE _____

COMMENTS

Please describe any other misuse observed, recommendations or instructions

