Child Car Seat Application

Parent/Guardian(s) Name:			
Address:	City/St.	Zip Code:	
Home Phone:		Message Phone:	
Expectant Parent: (Circle one) **Yes** or **No**		Due Date:	
Childs Name:			
Childs Age:	Childs Weight:	Childs Height:	Childs D.O.B 00/00/0000
Vehicle Year:	Vehicle Make:	Vehicle Model:	Latches available? (Circle one) **Yes** or **No**

I understand and agree that the sole purpose of this program is to help reduce the incidence of the improper installation of child car seats; that this program cannot fully evaluate the quality, safety or condition of the car seat(s) provided or any components of my vehicle, including the seats or the safety belts; and that this program cannot guarantee my child's safety in the incident of a vehicle collision. For these reasons, I hereby release the Kaw Nation Injury Prevention Program and any other program participants from any present or future liability or injuries or damages that may result from a collision or otherwise.

Parent/Guardian(s) Signature: Date:

To be completed ONLY if new CSS id provided by the Injury Prevention Program:

Child Restraint Brand:

Model #:

Type of CSS:

Signature of Injury Prevention Program Coordinator / CPST completing this form.

Name:_____ **Date:**_____