

Oswego Police Department
Citizens at Risk Program Registration

C.A.R. INC # _____ C.A.R. BRACELET# _____

Last Name	First Name	Middle Name
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Address	City	Zip
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Home Phone	Cell Phone	Other Phone
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Birth Date	Gender	Race	Nickname/Alias
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Height	Weight	Hair	Eyes
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Eye Glasses- Yes___ No___ Braces- Yes___ No___

Driver's License Number and State- _____

Identification Card Number and State- _____

Any Tattoos, Scars, Marks, Identifiers
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Medical Diagnosis

Physicians Name and Phone Numbers

C.A.R INC # _____

C.A.R BRACELET # _____

List any Medications

Emergency Contact Information

Name	Relationship to Missing
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Home Phone	Cell Phone	Other Phone
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Address	City	Zip
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Lock Box: Yes___ No___ Combo_____

Are you filling out this form on behalf of someone? Yes_____ No_____

Your Name: _____ Phone Number: _____

Vehicle Information
Vehicle Make:
Vehicle Model:
Vehicle License Plate Number and State:
Vehicle Color:

C.A.R. INC # _____

C.A.R BRACELET # _____

If emergency access needs to be gained to emergency personnel have permission to make entry into residence (emergency personnel consists of police, fire, paramedics)?

Yes _____ No _____

Is there a keypad to get in the house? Yes ___ No ___ Code _____

Is there a key hidden somewhere? Yes ___ No ___ Where? _____

Favorite Places to Visit? (Parks, ETC)

Registrant's Previous Home Address (Include City)

Registrant's Previous Work Address (Include City)

Has Registrant been missing before? Yes ___ No ___

If yes, where were they located and when?

C.A.R INC # _____

C.A.R BRACELET # _____

Likes:

Dislikes:

Habits of Registrant:



C.A.R. Release

INC # _____

I represent that I, _____, am of legal age and capacity and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve me. I, therefore, authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I agree to the dissemination of this information to any police, fire and emergency response agencies which may need access to this information in order to respond to an emergency or potential emergency which may involve me. I acknowledge that by providing this information for the purpose stated above I am not entitled to any preferential treatment nor a more timely response to any emergency or potential emergency. I agree keep this information current and acknowledge that the information provided becomes the property of the Oswego Police Department for the purpose stated above. I further for myself, heirs, executors, administrators, personnel representatives and assigns waive and release any and all rights, claims and causes of action which I may have against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between me and against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving me and that the aforementioned police, fire and emergency response agencies do not waive or limit any defense or immunity available to them by law.

Signed _____

Printed name _____

Today's date _____



C.A.R. Release

INC # _____

I represent that I, _____ am of legal age and capacity and that I represent _____ as the parent or legal guardian (copy of 'letter of office' attached as applicable) and acknowledge that the information provided herein has been given freely and voluntarily and accurately for the sole purpose of assisting police, fire and emergency response agencies to more effectively respond to an emergency or potential emergency which may involve _____. I, therefore and on behalf of _____ authorize the use of this information for that purpose in the discretion of those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving _____. I agree to the dissemination of this information to any police, fire and emergency response agencies which may need access to this information in order to respond to an emergency or potential emergency which may involve _____. I acknowledge that by providing this information for the purpose stated above that _____ is not entitled to any preferential treatment nor a more timely response to any emergency or potential emergency. I agree keep this information current and acknowledge that the information provided becomes the property of the Oswego Police Department for the purpose stated above. I further for _____, his/her heirs, executors, administrators, personnel representatives and assigns, waive and release any and all rights, claims and causes of action which they may have against those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving _____. I further acknowledge that by providing this information, no relationship nor duty, including but not limited to any contractual or agency or special relationship or duty, is established between _____ and those police, fire and emergency response agencies who may respond to an emergency or potential emergency involving _____ and that the aforementioned police, fire and emergency response agencies do not waive or limit any defense or immunity available to them by law.

Signed _____

Printed name _____

Today's date _____