REGISTRATION FORM

Monday, January 16 at Richfield Recreation Center

Student Name _____

Birth date _____/_____/_____*M _____ F ____ Grade _____ Name student wants to be called in class_____
*Student must be at least 11 years old.

Parent/Guardian _____ Phone (Home) _____

Parent/Guardian Cell_____ Phone (Work)_____

Address _____ City: _____ State: _____ Zip: _____

Parent/Guardian Email |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Dear Parent /Guardian(s):
A great deal of information is presented in a short period of time during the Safe Sitter® class. We want every child to succeed in the class, and we will work with you to make alternate plans if your child has difficulty keeping up. Please let us know if there is anything about your child that we should know to help your child succeed in class.

I will take all responsibility for deciding whether my child is capable and mature enough to babysit. _____YES

I understand the importance of having my child attend each class session and arrive on time. _____YES

Allergies
Does your child have any allergies such as foods or latex? _____YES _____NO (If YES, please explain.)

Manikin Practice
Safe Sitter® class includes practice of rescue skills on CPR manikins. Manikins require strict standards for controlling infection.
I agree not to send my child to class if he/she has a contagious illness including rash. _____YES

I give permission for my son/daughter to practice on the manikins. _____YES

Emergency Medical Permission
In the event of a health emergency, I authorize **Rainbow Babies & Children's Hospital's Injury Prevention Center** to seek emergency care for my child. My preferred hospital is _____in the event of any accident or health problem which may require the attention of a physician; I may be contacted at (phone) _____. If I am not available, _____ may be contacted at (phone) _____ and is authorized to act on behalf of my child.

Other Terms and Conditions

- The teaching site reserves the right to decline the application of any student, or send home any student who, according to the site's discretion, is disruptive or puts him/herself or others at risk.
- I, the undersigned, consent to the use, reproduction and publication by Safe Sitter, Inc. and/or the teaching site of pictures or recordings taken of my child during the program for publicity purposes.
- **Acknowledgement of Risk or Injury/Release and Waiver**. I acknowledge and understand that there may be a risk of injury involved in the activities that my child will engage in during the program. In consideration of my child's participation in the program, I hereby agree to release, waive, hold harmless, and shall indemnify Safe Sitter, Inc. and the teaching site and their respective employees, members, officers and other staff members from liability to us and our child for any and all claims.
- I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily and with full knowledge of its meaning and significance.
- I, the undersigned, hereby certify that to the best of my knowledge, my child is able to safely participate in the program activities for which he or she has been registered.
- By submitting this registration form I agree to the terms listed above and provide my signature as proof of acceptance.
- I consent and authorize **Rainbow Babies & Children's Hospital's Injury Prevention Center** to submit the name and address of my child to Safe Sitter, Inc. I understand that Safe Sitter, Inc. will not sell, share or trade this information with other organizations.

_____ _____
Signature of parent/guardian Date

Safe Sitter, Inc. does not provide CPR or other certifications, release the names of graduates or act as a referral source of babysitters.

Date Rec. _____ Check # _____ Confirm Sent _____