CITY OF FLORENCE KENTUCKY®

SAFE SITTER®

REGISTRATION FORM

Class Date(s) Saturday, August 14, 2010

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 City of Florence (site) 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 of 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 _____ (site) 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.

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