## Safe Sitter® Registration Form

Student Name:	Course Date(s):		
Name student wants to be called:	Gender:MF (	Grade:Date o	f Birth:
Parent/Guardian:	Phone (Cell):		
Phone (Work):	Phone (Secondary):		
Address:	City:	State: _	Zip:
Parent/Guardian Email:			
Dear Parent/Guardian(s): A great deal of information is presented in a short the course, and we will work with you to make alt anything about your child that we should know to Instructor or Site Coordinator know as soon as pos	ernate plans if your child has di help your child succeed. If you	ifficulty keeping up. Plea	ase let us know if there is
Allergies  Does your child have any allergies such as foods or  If YES, please explain:	latex?		No YES
Emergency Medical Permission In the event of a health emergency, I authorize (Te child. My preferred hospital is			
problem which may require the attention of a phy			•
may be contact			
Manikin Practice Safe Sitter® includes practice of rescue skills on CF I agree not to send my child if he/she has a contag I give permission for my child to practice on the management of the contage of the management of the management of the contage of the cont	ious illness including rash.	trict standards for conti	rolling infection.  YES YES
<ul> <li>I will take all responsibility for deciding wheth</li> <li>I understand the importance of having my chi</li> <li>The Teaching Site reserves the right to decline site's discretion, is disruptive or puts him/hers</li> <li>I, the undersigned, consent to the use, reprod recordings taken of my child during the program.</li> <li>Acknowledgement of Risk of Injury/Release involved in the activities that my child will en program, I hereby agree to release, waive, hol respective employees, members, officers and</li> <li>I, the undersigned, have read this release and meaning and significance.</li> <li>I, the undersigned, hereby certify that to the factivities for which he or she has been registe</li> <li>By submitting this registration form I agree to I consent and authorize the Teaching Site to significance.</li> <li>I consent and authorize the Teaching Site to significant.</li> </ul>	Id attend each course session as the application of any student self or others at risk. Suction and publication by Safe am for publicity purposes.  And Waiver. I acknowledge and gage in during the program. In a dharmless, and shall indemnify other staff members from liab understand all of its terms. I expest of my knowledge, my child red.  To the terms listed above and proubmit the name and address of	and arrive on time.  t, or send home any stud  Sitter, Inc. and/or the tell  understand that there consideration of my chily Safe Sitter, Inc. and the ility to us and our child the ecute it voluntarily and  d is able to safely participation  ovide my signature as promy child to Safe Sitter,	eaching site of pictures or may be a risk of injury ld's participation in the e Teaching Site and their for any and all claims. with full knowledge of its pate in the program
Signature of parent/guardian		Date	

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