Safe Sitter® Registration Form

Student Name:	Course Date(s):		
Name student wants to be called:	Gender:MF Grade:	Date of Birth	ı:
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 sh the course, and we will work with you to make anything about your child that we should known structor or Site Coordinator known as soon as	e alternate plans if your child has difficulty ke w to help your child succeed. If your child nee	eping up. Please le	t us know if there is
Allergies Does your child have any allergies such as food	ds or latov?	N	o VEC
ICACO I	as or tatex:		o YES
Emergency Medical Permission In the event of a health emergency, I authorize	e (Teaching Site)	to seek eme	rgency care for my
child. My preferred hospital is	In t	he event of any acc	ident or health
problem which may require the attention of a	physician, I may be contacted at (phone)		If I am not available,
may be co	ntact at (phone) and	is authorized to ac	t on behalf of my child.
Manikin Practice Safe Sitter® includes practice of rescue skills of lagree not to send my child if he/she has a cor		ards for controlling	
I give permission for my child to practice on the	· •		YES YES
Other Terms and Conditions			
	hether my child is capable and mature enoug	-	
	/ child attend each course session and arrive of cline the application of any student, or send he courself or others at rick	nome any student v	ho, according to the
· · · · · · · · · · · · · · · · · · ·	production and publication by Safe Sitter, Inc.		g site of pictures or
 Acknowledgement of Risk of Injury/Rele involved in the activities that my child wi program, I hereby agree to release, waive respective employees, members, officers I, the undersigned, have read this release meaning and significance. I, the undersigned, hereby certify that to activities for which he or she has been reg 	ase and Waiver. I acknowledge and understar Il engage in during the program. In considerat I, hold harmless, and shall indemnify Safe Sitte and other staff members from liability to us a and understand all of its terms. I execute it vo the best of my knowledge, my child is able to gistered.	cion of my child's pa er, Inc. and the Teac and our child for an oluntarily and with safely participate i	rticipation in the hing Site and their y and all claims. full knowledge of its
	ee to the terms listed above and provide my s to submit the name and address of my child t information with other organizations.	- '	
Signature of parent/guardian		Date	

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