Safe Sitter® Registration Form

Student Name: Course Date(s):		te(s):
Name student wants to be called:	Gender:MF Grade:	Date of 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 s the course, and we will work with you to mak anything about your child that we should kno Instructor or Site Coordinator know as soon a	e alternate plans if your child has difficulty k w to help your child succeed. If your child ne	eeping up. Please let us know if there is
Allergies Does your child have any allergies such as foo If YES, please explain:	ds or latex?	No YES
Emergency Medical Permission In the event of a health emergency, I authoriz	e (Registered Provider)	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 co	ontact at (phone) and	is authorized to act on behalf of my child.
Manikin Practice Safe Sitter® includes practice of rescue skills of I agree not to send my child if he/she has a co I give permission for my child to practice on the	ntagious illness including rash.	dards for controlling infection. YES YES
 I understand the importance of having m The Registered Provider reserves the right to the site's discretion, is disruptive or pute 1, the undersigned, consent to the use, repictures or recordings taken of my child of a chrowledgement of Risk of Injury/Releginvolved in the activities that my child with program, I hereby agree to release, waive their respective employees, members, of 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 reserved. By submitting this registration form I agree. I consent and authorize the Registered Preserved. 	whether my child is capable and mature enough child attend each course session and arrive it to decline the application of any student, of the to decline the application of any student, of the start isk. The production and publication by Safe Sitter, Including the program for publicity purposes. The sase and Waiver. I acknowledge and understated all engage in during the program. In considerally, hold harmless, and shall indemnify Safe Sitter, and understand all of its terms. I execute it where the best of my knowledge, my child is able to gistered. The best of my knowledge, my child is able to gistered. The terms listed above and provide my shoulder to submit the name and address of my ethis information with other organizations.	on time. r send home any student who, according . and/or the Registered Provider of nd that there may be a risk of injury tion of my child's participation in the er, Inc. and the Registered Provider and to us and our child for any and all claims. coluntarily and with full knowledge of its e safely participate in the program signature as proof of acceptance.
Signature of parent/guardian		Date

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