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 short presented in a s	ernate plans if your child has difficulty k help your child succeed. If your child ne	eeping up. Please le	t us know if there is
Allergies Does your child have any allergies such as foods or	latov2	N	o VEC
16.7/26	latex:		o YES
Emergency Medical Permission In the event of a health emergency, I authorize (Tea	aching Site)	to seek eme	rgency care for my
child. My preferred hospital is	In t	the event of any acc	ident or health
problem which may require the attention of a phys	sician, I may be contacted at (phone)		If I am not available,
may be contac	t at (phone) and	d is authorized to ac	t on behalf of my child.
Manikin Practice Safe Sitter® includes practice of rescue skills on CP I agree not to send my child if he/she has a contagi		dards for controlling	infection. YES
I give permission for my child to practice on the ma	-		YES
 Other Terms and Conditions I will take all responsibility for deciding wheth I understand the importance of having my chil The Teaching Site reserves the right to decline site's discretion, is disruptive or puts him/hers I, the undersigned, consent to the use, reproducted recordings taken of my child during the program. Acknowledgement of Risk of Injury/Release as involved in the activities that my child will engage program, I hereby agree to release, waive, hold respective employees, members, officers and of the undersigned, have read this release and to meaning and significance. I, the undersigned, hereby certify that to the bactivities for which he or she has been registered. By submitting this registration form I agree to I consent and authorize the Teaching Site to sufficient in the site of the sufficient in the sum of the sum	d attend each course session and arrive the application of any student, or send elf or others at risk. Inction and publication by Safe Sitter, Income for publicity purposes. Ind Waiver. I acknowledge and understagage in during the program. In consideral harmless, and shall indemnify Safe Sitter the staff members from liability to us understand all of its terms. I execute it we est of my knowledge, my child is able to red. The terms listed above and provide my submit the name and address of my child is able to the terms.	on time. home any student v . and/or the teachin nd that there may b tion of my child's pa er, Inc. and the Teac and our child for an oluntarily and with e safely participate i	g site of pictures or e a risk of injury irticipation in the hing Site and their y and all claims. full knowledge of its in the program facceptance.
Signature of parent/guardian		Date	

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