



SUTTER ROSEVILLE MEDICAL CENTER – TRAUMA SERVICES

SAFE SITTER REGISTRATION FORM

Safe Sitter is a comprehensive baby sitting class for 11-13 year olds. The class includes setting up babysitting as a business, being successful on the job, child care essentials, safety for the sitter, injury management, preventing problem behavior and behavior management, and care of the choking infant or child.

You will receive a confirmation by email only to guarantee your place in the class. Please print the email confirmation when you receive it as it will have the class date, location and time specified on it.

Class will start promptly at 9:30 am and end at 4:30 p.m. Please bring a lunch and include something to drink. **THERE WILL BE NO WALK INS – NO EXCEPTIONS.** Make sure to shut your cell phone off during the class so that there are no disruptions.

Parent(s), guardian(s) or other designated adult are encouraged to attend the last 15 minutes of the class from 4:15 to 4:30 pm to receive important information from the instructor regarding completion of the course.

*Denotes required field

Classes

Please select a class date. You will be notified of your placement in class by email. We will not follow up with a telephone call.

*Class Date:	*Location:	Amount Due:
_____	Sutter Roseville Medical Center	\$

*Student Name:	
Student preferred name in class:	*Student Birth Date (Month/Day/Year):

*Grade in School:	*Gender: Male___ Female___
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*Parent/Guardian Name:	*Home Phone (e.g. xxx-xxx-xxxx):
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*Work Phone (e.g. xxx-xxx-xxxx):	*Cell Phone (e.g. xxx-xxx-xxxx):
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*Email:

*Home Address

*City, State, Zip

Dear Parent/Guardian:

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 trouble keeping up. Please let us know if there is anything about your child that we should know to help your child succeed in class.

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- * I will take all responsibility for deciding whether my child is capable and mature enough to babysit.
- * I understand the importance of having my child attend the whole class session and arrive on time.
- *I agree not to send my child to class if he/she has a contagious illness, including rash.

Allergies

*Does your child have any allergies to foods or latex? Yes No

Emergency Medical Permission*

In the event of a health emergency, I authorize _____(site) to seek emergency care for my child. My preferred hospital is _____. In the event of any accident or health problem that 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 use, reproduction and publication by Safe Sitter, Inc. and/or the teaching site of pictures or recording 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.

*I have read and agree to Terms and Conditions: _____
Parent/Guardian’s Signature

MAIL COMPLETED FORM TO: SUTTER ROSEVILLE MEDICAL CENTER
ATTN: TRAUMA SERVICES
ONE MEDICAL PLAZA
ROSEVILLE, CA 95661