

**Registration Form for Babysitter's Training on
Wednesday, July 13 and Thursday, July 14, 2016
10:00 a.m. to 3:00 p.m. in the Board Room
at the Board of Education Building, 60 Putnam Ave.**



Participant Name _____ Parent/Guardian Name _____

Gender _____ Date of Birth _____ Age _____ Current Grade _____ School Attending _____

Home Address _____ Zip Code _____ Phone (H) _____

(W) _____ (C) _____ E-mail _____ Referred By: _____

Ethnicity: Hispanic/Latino Not Hispanic Latino Unknown

Race: American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander Multiracial White Other Unknown

Family Constellation: Two birth/adoptive parents Step and birth parent Single parent(female)
Single parent (male) Grandparents Relative/Guardian DCF Guardianship Foster parent(s)
On own Joint Custody Other

Emergency Contact

Name, addresses and phone of persons who can assume responsibility of the child if parents cannot be reached immediately and are authorized to take the child from facility:

Name _____
Address _____
Phone (H) _____ Phone (W) _____ Phone (C) _____

Name _____
Address _____
Phone (H) _____ Phone (W) _____ Phone (C) _____

Hospital to be called _____ **Phone** _____

Please list any major health problems, allergies, diet, medications, other:

I, _____, parent/guardian of _____ do hereby give my permission for my child/dependent named above to participate in the Red Cross Certified Babysitter Training. I, for myself, my spouse, my child/dependent and on behalf of my heirs, assigns and next of kin assume all risks and hazards incidental to the conduct of the activity; agree to hold the Town of Hamden, it's officers, officials, employees, agents and servants harmless and to waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable against the Town of Hamden and it's officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any other illness as a result of his/her participation in the program. I also grant permission for medical treatment and if necessary hospitalization by ambulance transport.

I understand that photographs and names may be used for displays, on Town of Hamden website, or in articles in local newspapers.

Please circle.

I, _____, parent/guardian do / do not give permission to photograph my child.

I, _____, parent/guardian do / do not give permission to use my child's name.

Signature of parent/guardian _____ **Date:** _____