

SAFE SITTER REGISTRATION FORM

Bartlett Regional Hospital
3260 Hospital Drive Juneau AK 99801

Class Date:

Student Name:

Preferred Name:

Birth Date:

M

F

Grade:

***For students 6th – 8th grade

Parent/Guardian:

Phone:

Alt. Phone:

Email (required):

Address:

Dear Parent/Guardian(s):

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

I will take all responsibility for deciding whether my child is capable and mature enough to babysit: yes no

I understand the importance of having my child attend the entire class session and arrive on time: yes no

Allergies: Does your child have any allergies such as foods or latex? Yes No

If yes, please list:

Manikin Practice: The class requires choking rescue practice on manikins which require strict standards for controlling infection. I agree NOT to send my child if he/she has a contagious illness or rash yes .

I give permission for my child to practice on manikins: yes .

Emergency Medical Permission: In the event of a health emergency, I authorize Bartlett Regional Hospital to seek emergency care for my child. 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, (alternate name) may be contacted at (phone) and is authorized to act on behalf of my child.

Other Terms and Conditions:

- Bartlett Hospital staff reserve the right to decline the application of any student, or send home any student who acts in a disruptive way.
- I, the undersigned, consent to the use, reproduction and publication by Safe Sitter®, Inc and/or Bartlett Hospital of pictures or recordings taken of my child for publicity purposes.

Acknowledgement of Risk of Injury/Release and Waiver: I acknowledge and understand that there may be risk of injury involved in the activities 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 Bartlett Hospital and their respective employees, members, officers and staff members from liability to us and our child for any and all claims. Space in class is guaranteed upon receipt of registration form and payment.

- 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. (An "X" in the box below serves as the electronic signature)
- I consent and authorize Bartlett Hospital 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.

Electronic Signature (checked box required)

Payment of \$35.00 submitted

Make payment by phone at 796-8436 or in person at BRH Administration building.

Name:

Date:

Save a copy for your files and send a copy to: <mailto:staffdevelopment@bartlethospital.org>

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