



Township of Huron Kinloss

Babysitting Course Registration Form 2019

The entire form must be completed and accompanied with payment to secure space.

FAMILY INFORMATION

Parent Name:	Address:	Home Phone Number:
Cell Phone:	Email Address:	

Emergency Contact

First Name:	Last Name:	Address:
Home Phone:	Cell Phone:	Relationship to Babysitter:

REGISTRATION INFORMATION

St. John's Ambulance Babysitting Course

Friday, May 31st, 2019 | 9:00AM-4:30PM

Ripley Huron Community Centre- Upstairs Auditorium

Please Bring: Pen/Pencil, Peanut Free Lunch, and a teddy bear or doll to practice with

Registration Deadline: May 17th, 2019

Registration Fee: \$65.00

PARTICIPANT INFORMATION

Participant Name:	Birth date:
Participant Name:	Birth date:

ASSUMPTION OF RISK AND INDEMNIFYING RELEASE

While Township of Huron Kinloss staff and volunteers will make every reasonable effort to minimize exposure to known risks associated with each Registrant's participation in a Township of Huron Kinloss program ("Program"), I hereby acknowledge that I and/or my child if I am registering on his/her behalf (collectively, the "Registrant") may be required, depending on the nature of the program, to participate in various physical activities that may involve a risk of injury. In this regard, I hereby permit the Registrant to participate in the full range of Program activities. In consideration of the Registrants opportunity to participate in the Program, the receipt and sufficiency of which is hereby acknowledged, I hereby release and hold harmless the Township of Huron Kinloss, its respective officers, directors, employees, volunteers and agents, and their respective successors and assigns from any and all liability for damages sustained in consequences of loss, injury or damage to the Registrant, and from all other actions, causes of action, claims, demands or damages of any kind with respect to death, injury, loss or damages to any person or property arising out of or connected with preparation for, or participation in, the Program. **Please Initial:** _____

REGISTRATION AGREEMENT

By signing my name, I (or my legal guardian) acknowledge that I (or we) have carefully read and understand the, Assumption of Risk and Indemnifying Release Statement, Medical Emergencies Statement and Disclaimer.

Parent Name: _____

Parent Signature: _____

Date: _____