



DON'T LET THIS BE YOUR BABYSITTING EXPERIENCE!!!

Saturday, April 10th, from 9:00 AM to 2:30 PM Sandown Recreation teams up again with Exeter Hospital to offer the popular Certified Babysitter Course for boys and girls. The course prepares youth with the training every parent wants in a babysitter – including safety, basic child care, safe play, first aid, leadership, professionalism, critical action skills and much more. It will also teach you the responsibilities and qualities of being a good babysitter and what to expect from the person who hires you. This course is ideal for current and future babysitters, teaching them the best ways to keep both the children in their care and themselves safe. Best of all, **Babysitter's Training** takes place in a fun, interactive environment bringing confidence, competence and life skills. No pressure. No stress. The course is designed for today's youth. Sandown Parks and Recreation offers this course to students in Grades 5-9. The cost includes handouts, a reference book and lots of interaction and problem-solving.

Topics covered:

- ◆ How to start a babysitting business.
- ◆ Safety Issues
- ◆ Growth and Development
- ◆ Prepare for the "Unexpected"
- ◆ Proper Diapering Techniques
- ◆ First Aid, When to Call 911 and much, much more!

Registration is \$42 per participant. Payment is by check or money order only made payable to Sandown Recreation. No cash is accepted. Registration forms available on-line at www.sandown.us or at Town Hall. Mail registrations to: Sandown Recreation/PO Box 644/Sandown, NH 03873 or drop-off in the recreation mailbox at Town Hall. Registrations must be postmarked no later than March 30th or received in the drop-off recreation mailbox at Town Hall by 4 PM on April 1st. Registrations received after the deadline must include a \$5 late fee with payment. No registration is considered complete until all paperwork and payments have been received. COURSE LOCATION: Either Town Hall or Recreation Building – TBD. Participants should bring a bag lunch and drink. A snack will be provided. Course fees are non-refundable unless course is canceled by Recreation Commission.

The quickest way to see a good program canceled is to wait until the last minute to register. There is always a point where scheduled events need to be evaluated, staffing firmed up and supplies purchased. If you wait until the last minute it may be too late because enough people did not register in time to let the program advance. Don't wait! Register as soon as registration begins to avoid disappointment.

REGISTRATION – CERTIFIED BABYSITTER COURSE
A SEPARATE FORM FOR EACH CHILD IN YOUR FAMILY MUST BE PROVIDED
PLEASE INCLUDE AREA CODES FOR ALL TELEPHONE NUMBERS INCLUDING CELL PHONES

PLEASE PRINT CLEARLY

Child's Name _____ M/F _____ Date of Birth _____ Grade Sept. 2009 _____

Address _____ Town _____ Home Phone () _____

Mother _____ Cell: () _____ Work: () _____

Father _____ Cell: () _____ Work: () _____

EMAIL ADDRESS FOR NOTIFICATION OF FUTURE EVENTS: _____

(Email address is not shared with others)

Physician _____ Phone () _____

Dentist _____ Phone () _____

Health Insurance _____ I.D.# _____

Allergies* (include all) _____ Epi Pen: Yes: _____ No _____

Physical Disabilities/Restrictions* _____ Medications: _____

***ATTACH ADDITIONAL SHEET IF NEEDED**

Please list two additional people who will assume temporary care of your child if you cannot be reached and who are aware of this responsibility if you are unable to be reached.

Name _____ Address _____ Phone() _____

Name _____ Address _____ Phone() _____

**The following people have my permission to pick up my child from the program:
(Photo ID may be required if staff is unfamiliar with person listed.)**

NAME: _____ ADDRESS: _____ PHONE() _____

NAME: _____ ADDRESS: _____ PHONE:() _____

WALK/BIKE: I give permission for my child to walk or ride their bikes to and from the program. YES NO

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

**FILL OUT AND RETURN THIS PAGE
PAGE 1 OF 2 REGISTRATION FORM**

INHALER RELEASE/PERMISSION - FILL OUT ONLY IF APPLICABLE

My child _____ uses an inhaler and is carrying an inhaler in his/her backpack while attending the Sandown Recreation Program. I am aware that the Recreation Program DOES NOT have medical staff on site to administer this medication and WILL NOT administer this medication to my child. My child is capable of administering this inhaler to himself or herself without assistance. My child has my permission to use the inhaler AFTER the program director or assistant has been notified and a staff member is present to observe my child administering the inhaler to himself or herself. My child is responsible for this inhaler while participating in the Recreation Program and its related activities including field trips. I will label my child's inhaler with their name. Child's use will be documented and reported to parent at the end of the activity period.

PARENT/GUARDIAN SIGNATURE

DATE:

REFUND PROCEDURE - Refunds are issued only when a class or activity is cancelled by the Recreation Department for lack of minimum required participants or the participant enrolled in the program has a note from a physician's office stating they are not able to participate in the program due to a medical condition. Medical condition refunds will be pro-rated. If you feel your request for a refund was unfairly denied, there is an appeal process. Appeals must be in writing and sent to the Sandown Parks and Recreation Department. The Recreation Director will review and either approve or deny in writing your request. If your request is denied by the Director you may appeal in writing to the Recreation Commission. No refund will be provided in the event a child is dismissed from the program for episodes of misbehavior.

BEHAVIOR PROCEDURE: Sandown Recreation reserves the right to dismiss a child from a program for episodes of misbehavior. If a parent/guardian cannot be contacted, the emergency contact person will be called to immediately pick-up the child.

SIGNATURE (parent/guardian if participant is under 18 years of age)

DATE

PLEASE READ AND SIGN THE WAIVER BELOW

Participation in this sport/activity may involve risk of injury. As a parent or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed here, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Sandown, its officers, employees, agents, volunteers and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for my child to be treated by qualified medical personnel in the event that the parent/guardian named below can not be reached at the phone numbers provided and for my child to be transported by emergency vehicle to a hospital if needed.. All Recreation Department classes/events may be photographed or videotaped for Town of Sandown programs and promotions. Photos may appear in local publications and/or on local Cable TV access channels.

SIGNATURE (parent/guardian if participant is under 18 years of age)

DATE

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

ALL PROGRAM FEES PAID ____ **CHECK #** _____ **AMT:** _____

REC'D BY _____ **DATE** _____

SIBLINGS IN PROGRAM: YES NO **NAMES:** _____

DOES PAYMENT INCLUDE OTHER FEES FOR ANY OTHER FAMILY MEMBERS _____

DOES PAYMENT INCLUDE ANY OTHER PROGRAM (LIST) _____

OTHER: _____