

Grandparents: Getting Started Registration Form

Participant Name: _____ Course Date(s): _____

Preferred Name: _____ Preferred Pronouns: _____

Phone (Cell): _____ Phone (Secondary): _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Email Address: _____

Dear Participant:

A great deal of information is presented in a short period of time during the Grandparents: Getting Started Course. We want every participant to succeed in the course, and we will work with you to make alternate plans if you have difficulty keeping up. Please let us know if there is anything that we should know to help you succeed. If you need accommodations, please let the Instructor or Site Coordinator know as soon as possible.

Allergies

Do you have any allergies such as foods or latex? _____ No _____ YES

If YES, please explain: _____

Emergency Medical Permission

In the event of a health emergency, I authorize (Safe Sitter® Provider) _____ to seek emergency care. My preferred hospital is _____. In the event of any accident or health problem which may require the attention of a physician, my emergency contact is (name) _____ and their phone number is (phone)_____.

Manikin Practice

Grandparents: Getting Started includes practice of rescue skills on CPR manikins. Manikins require strict standards for controlling infection.

I agree not to attend if I have a contagious illness including rash. _____ YES

Other Terms and Conditions

- I understand the importance of attending the entire course session and arriving on time.
- The Safe Sitter® Provider reserves the right to decline the application of any participant, or send home any participant who, according to the Provider's discretion, is disruptive or puts themselves or others at risk.
- I, the undersigned, consent to the use, reproduction and publication by Safe Sitter, Inc. and/or the Safe Sitter® Provider of pictures or recordings taken 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 I will engage in during the program. In consideration of my participation in the program, I hereby agree to release, waive, hold harmless, and shall indemnify Safe Sitter, Inc. and the Safe Sitter® Provider and their respective employees, members, officers and other staff members from liability to me 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, that I can safely participate in the program activities for which I have 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 the Safe Sitter® Provider to submit my name and address to Safe Sitter, Inc. I understand that Safe Sitter, Inc. will not sell, share or trade this information with other organizations.

Signature

Date

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

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