

Babysitter Training



Home Alone Safety Class



Saturday May 13, 2017

Babysitter Training 8:30am to 12:30pm

Home Alone Safety 1:00pm to 3:30pm

Register for one or both of these programs

Choose Program(s)

Babysitter Training Home Alone

Beech Street Center

Conference Room 2nd floor

(266 Beech Street, Belmont, MA)

Cost: \$50 per person per class

Checks should be made payable to: *Town of Belmont*

Participants must be at least 11 years of age at the start of the program.

Registration Deadline is May 1, 2017

Registration form

Belmont Recreation Department

Name: _____

Address: _____ City: _____ Zip Code: _____

***E-Mail: (Guardian/parent)

Phone: _____

Birth Date: _____ Age _____ Grade _____

Emergency Contact

1: _____ Relationship _____

Phone: _____

Emergency Contact

2: _____ Relationship _____

Phone: _____

Any Allergies/Health
issues? _____

Each parent/guardian of a participant must agree, either by signature or electronically upon registration, to waive the Town of Belmont from liability by accepting these terms:

I, the undersigned, parent/guardian of _____, a minor, or myself as a participant, do hereby consent to my/ his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

For publicity purposes, program staff may take photos which may be used on the Department's website or Facebook page or in the Town's newspaper. Please let us know if you have any objection or concern regarding this policy.

Name of participant Date

Signature of participant (or legal guardian if under 18 years of age) Date