

Babysitting Registration Form

Child's Name _____ Date of Birth _____

Mailing Address (including Postal Code) _____

Phone Number (s) _____

Emergency Contact Name _ _____ Number _____

I, (please print name) _____, authorize and agree to the following terms of training as provided by Frontier Services. I confirm that my child has no health conditions that may be worsened by actively participating in training.

Please circle any that are applicable and explain below:

Asthma – Allergies – Anxiety – Attention Issues – Communicable Diseases – Seizures – Bone – Muscle - OTHER medical issues that may impact ability to safely participate in the course.

By way of my signature, I release St. Paul Regional FCSS and its contracted instructors from any and all claims that may result from my participating in training offered Frontier Services.

Parent/Guardian Signature: _____

Date: _____

