

Home Alone 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 the Town of St Paul FCSS. 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 the Town of St Paul FCSS. and its instructors from any and all claims that may result from my participating in training offered by the Town of St Paul FCSS.

Parent/Guardian Signature: _____

Date: _____