



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



RED CROSS BABYSITTING COURSE

**Join us
and get certified**



- **June 29th**
- **July 8th & 9th**
- **July 22nd & 23rd**
- **August 12th & 13th**

Learn the skills needed to be a trusted, effective babysitter – and the leadership & job interview skills you'll need to start your own business. Upon completing the course, you will be certified by the Red Cross for Babysitting, First Aid, & CPR! (Must attend all days to receive certification) Come join us for this fun-filled class full of great information!

- **Ages 8-15**
- **Members \$130 ; Non-Member \$160**
- **Class size limited to 8 participants**
- **Minimum of 5 required per class**
- **Notification of cancellation will be given 24 hours before class**

Chasco Family YMCA
1812 N Mays St
Round Rock, TX 78664
512-246-9622

**Learn life saving skills
from experts**

ymcagwc.org

RED CROSS BABYSITTING COURSE REGISTRATION FORM

IMPORTANT NOTES

• Pack a peanut-free lunch, snack, & drink • Class fee cannot be refunded or transferred • Register at CHASCO

PARTICIPANT NAME: _____ GENDER: _____ AGE: _____

ADDRESS: _____

D.O.B.: _____ CITY: _____ STATE / ZIP: _____

PARENT / GUARDIAN NAME(S): _____

HOME PHONE: _____ CELL / WORK PHONE: _____

E-MAIL: _____

CLASS SELECTION:

Saturday's	Monday&Tuesday
<input type="checkbox"/> June 29th 8am-3pm	<input type="checkbox"/> July 8th &9th 3:30pm-6:30
	<input type="checkbox"/> July 22nd &23rd 3:30pm-6:30pm
	<input type="checkbox"/> August 12th&13th 8am-12pm

Please INITIAL or ANSWER all lines to indicate received written policies / materials and agree to terms with SIGNATURE below.

_____ ADA Policy (REQUIRED): Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ Waiver for Medical Treatment (REQUIRED): In the event that my child requires emergency treatment and I cannot be reached, I hereby authorize the Y to make arrangements to transport my child to the nearest hospital emergency facility. I also give my consent for any and all necessary medical treatment, if, in fact my child require the attention of a physician.

_____ Waiver for Participation (REQUIRED): I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my child's use of the facilities or participation in the Y program.

_____ Waiver for Photo / Video / Audio Release (OPTIONAL): I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ Change / Cancellation / Refund Policy (REQUIRED): I understand that changes / cancellations / refunds are not permitted unless a physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are allowed at the discretion of the program director.

_____ Additional Notes (REQUIRED): Financial assistance is available for all those who qualify. For any questions, please contact the CHASCO Family YMCA at 512-246-9622

Parent / Guardian Signature: _____ Date: _____