

White Plains Youth Bureau Babysitting Training



***PLEASE RETURN REGISTRATION FORM PRIOR TO THE
TRAINING – SPACE IS LIMITED***

REGISTRATION FORM

TRAINING Wednesday, April 4th @ 9:30am- 4pm

For more information or to register

Please call **Janet Spencer (914) 422-6721**

Offered by the City of White Plains Youth Bureau – Youth Employment Services

***City of White Plains Youth Bureau
White Plains Youth Bureau Babysitter's Training
Participation Form***

I _____ as parent/guardian of _____

agree to the following guidelines in order for my child to participate in the White Plains Youth Bureau Babysitter's Training program provided by the City of White Plains Youth Bureau.

- I agree to have my child participate in the White Plains Youth Bureau Babysitter's Training provided by the City of White Plains Youth Bureau being held on Wednesday, April 4th from **9:30am-4pm**
- Once my child has been accepted to participate in the training I will ensure my child's attendance. If for whatever reason she/he is unable to attend I will contact Janet Spencer at 422-6721 by 5:00 the previous evening of which the training is scheduled.
- I will ensure my child's prompt arrival. (Please note late arrivals will not be able to gain entrance into the training)
- I agree to send my child with lunch and snacks to the 6 hour training.

Signature of Parent/Guardian: _____

Date: _____

Medical Release

Name _____ Date of Birth _____

Sex _____ Social Security # _____

Name of Parent or Guardian _____ Phone# _____

Is child's health generally good? _____ If not, describe according to chart:

Is child subject to:	ALLERGIES	HISTORY OF DISEASES
Sinus trouble _____	Poison Ivy _____	Chicken pox _____
Ear infections _____	Insect bites _____	Measles _____
Convulsions _____	Food _____	German Measles _____
A.D.D./Hyper _____	Drugs _____	Mumps _____
Fainting spells _____	Hay fever _____	Rheumatic fever _____
Diabetes _____	Other _____	Asthma _____

Date of last Tetanus shot: _____

Is your child on any medication? If so list: _____

Are there any other health conditions for which your child is currently being treated for by a physician?

Please list any other conditions or health problems of which we should be aware and include those that may limit your child's participation in any activities:

Signature of Parent/Guardian _____ Date: _____



HOSPITAL RELEASE FORM/PERMISSION SLIP

Name of Emergency Contact Person: _____ Phone# _____

Doctor's Name _____ Phone# _____

Parent/Guardian Work Phones: Mother _____ Father _____

In the event of an emergency, I _____ grant the Youth Employment Staff permission to take my child _____ to a hospital for any necessary medical attention.

Signature of Parent/Guardian _____ Date _____

CITY OF WHITE PLAINS YOUTH BUREAU

September 2017 - June 2018

DROP-IN PARTICIPATION RELEASE FORM

Parents: Initial those activities you give your child permission to participate in:

Teen Lounge Computer Room Fitness/Boxing Gym Chess Open
 Performing Arts Van Transportation Babysitters Training Program

Name of participant _____

Address _____ Apartment # _____

City White Plains State NY Zip Code _____

Birth Date _____ Age _____ Sex _____ Race _____ School _____
Grade _____

Parent/ Guardian Name _____

Parent Address (if different) _____

Child=s E-Mail address _____

Parent=s E-Mail address _____

Home Phone _____ Parent=s Work Phone _____

Parent=s Cell Phone _____

Emergency Contact: Name _____ Phone _____

I, as parent/ legal guardian authorize my child _____, to participate in the above initialed activities. This release grants permission for my child to participate in such programs as well as transportation within the City of White Plains as related to these program activities. Any trips taken outside the city limits will require special permission that will be sent home in advance of the trip.

Parent/Guardian Signature _____ Date _____

For Youth Bureau use only: RecTrac # _____ Activity Code(s) _____ Date _____

CITY OF WHITE PLAINS YOUTH BUREAU
September 2017 - June 2018
Release

Child=s Name: _____ Address: _____
D.O.B.: _____ Sex: M ___ F _____

In consideration of your acceptance of my child for his/her participation in the activities/programs of the City of White Plains Youth Bureau, I agree that I am aware of the inherent dangers and risks involved in these activities/programs including bodily injury which may result of strenuous activity or other causes related to these activities/programs. I agree to release and hold harmless the City of White Plains, its officials, officers, agents, employees, and volunteers, from and against any and all liability, damage or claim of any nature arising out of or in any way related to my child=s participation in these activities/programs except those things caused by the sole negligence of the City. I understand that the City of White Plains does not provide accident or medical insurance and I am financially responsible for any and all medical expense whatsoever. I am advised to consult my child=s physician before allowing my child to participate in any strenuous activity. I have read, understand and agree with the terms of this release.

Signature of Parent/Guardian: _____ Date: _____

I, _____, as parent/guardian, hereby consent that the City of White Plains may videotape/photograph my child, _____, and use the images/audio for publication/broadcast/website. I waive any claim arising against the City of White Plains from the use of such images/audio within or without the City or any other media.

I understand that the City of White Plains, its employees and volunteers act solely as an agent in arranging for transportation, accommodations, and other services for special events and field trips. The City of White Plains does not assume, and in fact, expressly disclaims, any liability for injury, illness, damage, loss, accident, or delay due to any act, negligence or default of the event/trip guide, or any company or person engaged in transporting the passengers, or rendering any services or accommodations, or carrying out the arrangements for any tour, or their agents, servants, and employees.

I understand that in case of serious injury or illness to my child, I authorize the City Youth Bureau representatives to transfer my child to a hospital or other medical facility for treatment. A reasonable attempt to contact me or my child's emergency contact will be made. I accept responsibility for all costs involved in the medical transport and treatment of my child.

Signature of Parent/Guardian: _____ Date: _____