



Rural Municipality of **LAKESHORE**

Babysitting Course Registration Form

April 6th, 2019 from 8:30 AM - 4:30 PM

Full Name: _____

Address: _____ Phone Number: _____

Town: _____ Postal Code: _____

Date of Birth: _____

Please list any allergies or medical conditions:

Caregiver contact information in case of emergency:

Name: _____

Emergency contact numbers: _____

I hereby give my approval for my child's participation in any and all activities prepared during the course.

In exchange for the acceptance of said child's application to this course, I assume all risk and hazards incidental to the conduct of the course.

Though all necessary safety measures will be in place, in case of injury to said child, I hereby waive all claims against participants and employees, as well as the owners and/or lessors of the premises used to conduct the course.

I understand that disrespectful and/or harmful behaviour on the part of the participant will not be acceptable and may result in expulsion from the course.

Caregiver (please print):

Caregiver sign:

Date:

Payment \$60.00

CASH

CHECK

Initials: