



American Red Cross Babysitting Training

Are you looking for an opportunity to make some money? Take this course and become a certified babysitter. This course will include fun activities, videos, discussions, and real-life problem solving situations. Participants will learn leadership with kids, professionalism, safety and safe play, basic care, feeding and diaper changing. We will also learn first aid and CPR training for infants and children. Participants provide own lunch and snack. *Session 1 register by September 27. Session 2 register by October 25.*

Who: Youth, ages 11-15
Where: New Hope City Hall
When: Saturdays, 8:00am-6:00pm
Sess F1: September 30
Sess F2: October 28
Where: Brookview Community Center
When: Tuesday, 8:00am-6pm
Winter: January 2, 2018
Fee: \$105/session

Become a
certified
Babysitter



Activity: 310501

FYI: For more information or to register please check online at <https://webtrac.robbinsdalemn.com> or you can check our website: www.robbinsdalemn.com. Mail/drop off waiver form with payment to Robbinsdale City Hall, 4100 Lakeview Ave. N, Robbinsdale, MN 55422. Call 763-531-1278, Monday-Friday, between 8:30 am and 4:00 pm. using VISA, MC or Discover.

Refunds, program credits or transfers are allowed up to registration deadline. All refunds are subject to a \$5 service fee. Confirmations are not sent. Participants should attend the class unless informed it has filled or been cancelled. No refunds after the deadline. Payment by check authorizes the city to use information from your check to make a one-time electronic transfer from your account to process the payment.

ARC Babysitting Training Registration & Waiver Form

Please print clearly. Make checks payable to City of Robbinsdale; 4100 Lakeview Avenue No., Robbinsdale, MN 55422

Youth's Name _____ Birthdate: _____ Adult Contact: _____

INDICATE WHICH SESSION: **September 30** **October 28** **January 2, 2018**

ADDRESS _____ CITY _____ ZIP _____

Phone (H) _____ (W) _____ (cell) _____

Contact's email: _____ Payment: CASH CHECK CREDIT CARD

Total AMT: \$ _____ Credit Card Number: _____ Expiration Date: _____

Card Holders Signature: _____ 3 or 4 digit code: _____

Please list any special needs or equipment participant may need: _____

Liability Waiver: The undersigned acknowledges that recreational and sports programs involve inherent risks of personal injury. It is agreed that participation in the program is voluntary and at the participant's sole risk. The City shall not be liable for any claims, demands, injuries or damages whatsoever to the participant or participant's property arising out of the participant's participation in the program. On behalf of the participant, the undersigned releases and discharges the City, its employees or agents from all such claims, demands, injuries or damages, except those directly caused by the gross negligence of the City, its employees or agents.

Signature Participant or guardian, if participant is under 18 : _____ **Date:** _____