



American Red Cross Babysitting Training

All Sessions are held at
Brookview, 200 Brookview Parkway, Golden Valley
8:00 am—6:00 pm

Course includes fun activities, exciting videos, lively discussions, and real-life problem solving situations. Participants must be 11 years old by the first day of class. Participants will learn Safety and Safe Play; Basic Care: Feeding and Diaper Changing; First Aid (what to do if an accident happens); Leadership (how to have fun with the kids but stay in control); Professionalism (what you should ask during a babysitting interview). Participants provide own lunch and snack.

Who:	Youth, ages 11-15		
When:	Spring 1:	Sat., March 17	Activity #110501-1
	Spring 2:	Sat., April 14	Activity #110501-2
	Spring 3:	Sat., May 12	Activity #110501-3
	Summer 1:	Sat., July 21	Activity #210501-1
Fee:	\$106/session		

Become a
certified
Babysitter



FYI: For more information or to register please check online at <https://webtrac.robbinsdalemn.com> or you can check our website: www.robbinsdalemn.com for information or to follow the link to online registration. 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: _____

CIRCLE SESSION: **March 17** **April 14** **May 12** **July 21**

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:** _____