

When I'm in Charge

Safety
Cyberbullying At-risk
Identity theft
Security

This unique course, taught by a Proud Provider of American Red Cross Care-giving Training, is for all boys and girls, 8 and older, who are ever home alone. The course will cover all the safety concerns parents have when their children are by themselves. They will cover areas such as arriving home, responsibilities, phone and Internet safety, fire and gun safety and many others. Book included in the price of the class and a Certificate of Participation will be issued upon completion. Parents are welcome to attend the last 30 minutes of class!

Who: Youth, 8 and older
When: Mondays
Sess. 1: January 15; 5:30-8:30 pm **Activity #410503-1**
Sess. 2: February 19; 1-4 pm (no school) **Activity #410503-2**
Sess. 3: April 16; 5:30-8:30 pm **Activity #110503**
Where: Brookview, 200 Brookview Parkway, Golden Valley
Fee: \$54/session

FYI: For more information or to register, check online at <https://webtrac.robbinsdalemn.com> or 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.

Registration & Waiver Form

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

Youth's Name _____ Birthdate: _____ Total AMT: \$ _____

Circle Date: Jan. 15 (5:30-8:30pm) Feb. 19 (1-4pm) Apr. 16 (5:30-8:30pm)

Contact's Name: _____ Phone (H) _____ (W or cell) _____

Contact's email: _____ ADDRESS _____

CITY _____ ZIP _____ Payment: CASH CHECK CREDIT CARD

Credit Card Number: _____ 3 or 4 Security Code: _____ Expiration Date: _____

Card Holders Signature: _____

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.

Photographs are occasionally taken and may be used for promotional purposes of the recreation programs we offer. If you wish not to be photographed, check here _____

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