



City of White Plains Youth Bureau
Babysitter's Training Registration Form
Friday, November 29th - 9:30am- 4pm
White Plains Community Center – 65 Mitchell Place

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

For more information or to register
 Please call **Janet Spencer (914) 422-6721** or jmspencer@whiteplainsny.gov

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 **Friday, November 29th 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 HISTORY

To be completed by parent/guardian

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

Is child subject to:	Allergies:	Food Allergies:	History of Diseases:
<input type="checkbox"/> Sinus Trouble	<input type="checkbox"/> Poison Ivy	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Insect Bites	<input type="checkbox"/> Other Tree Nuts	<input type="checkbox"/> Measles
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Other (Please list below)	<input type="checkbox"/> German Measles
<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Other Medications		<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> Fainting Spells			<input type="checkbox"/> Haemophilus
<input type="checkbox"/> Asthma			<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hay Fever			<input type="checkbox"/> Influenza Type B

List operations or serious injuries with dates:

List chronic or recurring illnesses

Please list current medications

Restrictions on child's participation in activities

Any other issue/concern that we should be aware of:

HOSPITAL RELEASE/PERMISSION SLIP

Doctor's Name _____ Phone# _____

In the event of injury, I _____ grant permission to take my child _____ to a hospital for treatment, to include evaluation of injuries, x-rays and needed care.

Hospitalization Insurance Co. _____

Identification Number _____

Signature of Parent/Guardian _____

Date _____

CITY OF WHITE PLAINS YOUTH BUREAU
September 2019 - June 2020
PARTICIPATION RELEASE FORM
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 activity. This release grants permission for my child to participate in such program.

Parent/Guardian Signature _____ Date _____

CITY OF WHITE PLAINS YOUTH BUREAU

September 2019- June 2020 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: _____