



City of White Plains Youth Bureau
Babysitter's Training Registration Form
Wednesday, February 18th- 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) 422-2617** 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 **Wednesday, February 18th 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 422-2617 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: _____

Over



CITY OF WHITE PLAINS YOUTH BUREAU
September 2025 - June 2026
PARTICIPATION RELEASE FORM

Name of participant _____

Address _____ Apartment # _____

City White Plains State NY Zip Code _____

Birth Date _____ Age _____ Sex _____ Race _____

School _____ Grade _____

Parent/ Guardian Name _____

Participant's E-Mail address _____

Parent's E-Mail address _____

Home Phone _____ Parent's Work Phone _____

Parent's Cell Phone _____

Emergency Contact: Name _____ Phone _____

Allergies / Medical Conditions we need to be aware of: _____

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 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: _____