

Babysitter Safety Course 2018

Registration Form

Cost/participant: \$50.00

Participant's Name: _____ DOB: _____

Parent/Guardian Name(s): _____

Phone Numbers: (h): _____ (w): _____

Address: _____

Child's Health Care #: _____

Child's Allergies: _____

Emergency Contact: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

*** To be eligible for a certificate, participants must attend the entire course. Each participant is responsible for bringing their own lunch, a doll and a pen and paper.**

LIABILITY AND PERSONAL INFORMATION WAIVER

The personal information provided will be used to register yourself or your child in a community program or activity and is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the Lamont County FOIP Coordinator.

I hereby o authorize o do not authorize (**check one**) the Lamont County to use photographs taken of the aforementioned individual(s) while attending or participating in community services programs and activities (scheduled or unscheduled) sanctioned by the County.

Photographs may be used to promote the County's programs or used in or as part of publications, advertisements, newsletters and displays intended for the general public. Parents and media may also have the opportunity to take pictures; any of these photos taken during public events cannot be controlled. No other use of these photographs will be allowed.

Under Section 38 of the *Freedom of Information and Protection of Privacy Act*, Municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure or destruction. Also, Municipalities must comply with Sections 39 and 40 when using and disclosing personal information.

I, _____, have informed myself of any and all risks that could take place due to my participation or my child's participation with the program and hereby release Lamont County or the Town of Bruderheim, its employees, instructors, agents and volunteers from any claim for loss, injury or damage to person or property either directly or indirectly, from the attendance, including participation in any activity scheduled or unscheduled, including travel to and from any location for myself or my children. I acknowledge having read and understood this release and accept the terms therein, as pertains to this program.

Parent/Guardian Signature: _____ Date: _____

Please return your registration form and fees by the day of the babysitting course, to the course site or to FCSS Lamont County Region, Admin. Building, 5303-50th Ave. Lamont, AB T0B 2R0 before the course. Call FCSS at 780-895-2233 for more info. You may want to call ahead to reserve your spot!

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