



**American
Red Cross**

BABYSITTING WORKSHOPS

Ages 11-15

Learn how to care for children and infants.

Train to be a good leader and role model.

Learn how to make good decisions and solve problems.

Learn how to handle emergencies such as injuries, illnesses and household accidents.

Learn how to write resume and interview for babysitting.

Get certified in CPR, 1st Aid, Whales Tales, Sun Safety and Babysitting!

YOU CHOOSE BETWEEN ONE OF TWO CAMPS!

THIS CAMP PREPARES BABYSITTERS FOR THE RESPONSIBILITY OF CARING FOR INFANTS AND CHILDREN AND HOW TO BE A SAFE AND RESPONSIBLE BABYSITTER!

- When:** September 18th OR October 16th
- Where:** Rocky Mount Red Cross Office
- Time:** 9:00am-2:00pm
- Deadline to Register:** one week prior to camp
- Cost:** \$48.00 per student
- Graduation Ceremony:** one week prior to workshop

**Don't forget
to bring your
lunch!**

To register: Fill out the back of this form, mail form and payment to:

Franklin County Parks & Recreation
2150 Sontag Road
Rocky Mount, VA 24151

Please call, Marcia Cramblitt, camp organizer,
at 540-483-9293 for more information.



Franklin County Parks and Recreation Registration and Liability Waiver Form – 2010 Babysitting Workshops

Child's Name _____

Age _____

Mailing Address _____

City _____

Zip _____

Guardian's Email Address _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Please circle workshop you are registering for: September or October

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission for my child to be photographed and his/her artwork to be used in any form of publication to promote Franklin County Parks and Recreation.**

Signature of Parent / Guardian _____
(if participant is under 18 years of age)

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____