

## Watertown Park & Recreation Department 514 South First Street 920-262-8080



## 2016 January American Red Cross Babysitting Course with First Aid and Child & Infant CPR

(Ages 11 - 15)

Program:	The American Rec	Cross Babysitter's	Course provides youth	who are planning to b	abysit with
----------	------------------	--------------------	-----------------------	-----------------------	-------------

the knowledge and skills necessary to safely and responsibly give care for children and infants. This training will help participants to develop leadership skills, keep themselves and others safe, learn how to handle behavior issues, offer playtime and activity suggestions, and learn about basic child care including diapering and feeding. In this extended course, participants will also

receive American Red Cross First Aid and Child & Infant CPR certifications.

Ages: Boys & Girls, ages 11-15.

**Dates:** Saturdays, January 9 and 16, 9:00 am - 3:00 pm

**Location:** Watertown Senior & Community Center – Brandenstein Room

**Fees:** \$50.00 - maximum of 10 participants

**Special** The department will make every effort to comply with the regulations associated with the **Needs:** American's with Disabilities Act (ADA). In the space provided, list any special needs that the

participant may have that would benefit his/her participation in this program. The department will attempt to accommodate these needs and will contact you to discuss participation. **Parent** 

should communicate any special needs with their coach/instructor.

Watertown Park & Recreation Department

## 2016 January American Red Cross Babysitter's Course with First Aid and Child & Infant CPR

Name	Age	M	or	F			
Address	City						
Phone	<mark>Email</mark>	tificates afte	er com	ppletion)			
List any special needs or medical conditions this part	ticipant has						
I understand the inherent risk of injury in participation in this sports program and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity.							
Signature of Parent/Guardian		Date					

Fee Paid: \$50.00