



Babysitting Registration Form

PARTICIPANT'S NAME: _____ DATE OF BIRTH: _____

Age ____ ADDRESS: _____ CITY & STATE: _____

TELEPHONE: (H) _____ (W) _____ (CELL) _____

E-MAIL: _____

PARENTS/GUARDIANS NAME (S): _____

MEMBERSHIP STATUS (*Please circle*): Member: \$55

Non-Member \$65

FAMILY PHYSICIAN: _____ PHONE: _____

Medical release: As a parent or guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the previous minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release form is completed and assigned of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Video and Audio Release: Indicate by checking one of the boxes below whether you **consent to and authorize the use and reproduction of any and all photographs or video** footage taken of your child for Youth Center purposes. I understand that I receive no reimbursement for allowing her photograph to be taken or for the use of the photo or video.

I allow photographs or video to be taken:

I DO NOT allow photographs or video to be taken:

PARENT/GUARDIAN NAME: _____ DATE: _____

PARENT'S/GUARDIAN'S SIGNATURE: _____

ADMINISTRATION ONLY: AMOUNT PAID: _____ CASH CHECK