



YMCA of DeKalb County, Inc.

Safe Sitter Course Dates

Saturday February 20, 2010

8:30am-4:30pm

Saturday April 17, 2010

8:30am-4:30pm

**Registration deadline is the
Wednesday prior to course date.**

**Attendance Required for entire
class session to be Safe Sitter
Certified.**

Course Fees

\$35 for Members

\$55 for Non-Members

- Minimum 8 Registrants Required
- Minimum age to take course: 11
- Each courses will be held at
North Street YMCA

Students will need to bring:

- A sack lunch including a drink.
- Pencil and paper for note taking.

Safe Sitter is a nationally recognized course designed to train youth who may be caring for younger siblings, neighbors, or friends. During this 8 hour basic course, students learn the basics of caring for a young child including Babysitting as a Business, Success on the Job, Child Care Essentials, Safety for the Sitter, Injury Management, Preventing Problem Behavior, Care of a Choking Infant, Care of a Choking Child, Preventing Injuries, and Behavior Management. Separate courses will be offered for participants interested in becoming CPR and First Aid certified. Please complete the attached form and return to any of the YMCA of DeKalb County locations.

Garrett Community YMCA

1200 East Houston Street

Garrett, Indiana 46738

Main Street YMCA

310 North Main Street

Auburn, Indiana 46706

(260)925-9622

North Street YMCA

533 North Street

Auburn, Indiana 46706



YMCA of DeKalb County, Inc.

Please Check the Program that you are enrolling for

- AUSL (youth Soccer) PNO (Parent's Night Out) Y-Zone (Teen Night) Safe Sitter
- Other program: _____

Today's Date: _____

Child and Family Information:

Child's name: _____ Age: _____ Grade : _____ (as of Aug 1st)
 Name child is called: _____ Birth date: _____ M / F
 Child's address: _____
 Child's phone: _____
 Medical restrictions or conditions: _____
 Allergies: _____
 Other comments about your child: _____

• Team Request: _____

Mother's Name: _____ **Father's Name:** _____
 Address: _____ Address: _____
 Home phone: _____ Home phone: _____
 Work phone: _____ Work phone: _____
 Cell phone: _____ Cell phone: _____
 Email: _____ Email: _____

Emergency Phone Numbers

(Name)	(Phone and/or cell #)	(Relationship to child)
(Name)	(Phone and/or cell #)	(Relationship to child)

Participant Waiver

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of DeKalb County for any non-profit purpose, including, but not limited to observation or use of facilities of equipment, or participation in any off-site program affiliated with or personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA of DeKalb County for observation or use of any facilities or equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA of DeKalb County FOR ANY NON-PROFIT PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, PARTIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA of DeKalb County, OR USE OF FACILITIES AND EQUIPMENT MANAGED BY THE YMCA of DeKalb County, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS AND RELEASE the YMCA of DeKalb County, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, cost and expenses, may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death, or property damage incurred by the undersigned using and facilities or equipment of the YMCA of DeKalb County or managed by the YMCA of DeKalb County THE UNDERSIGNED further agrees that the foregoing INDEMNITY AGREEMENT and GUEST RELEASE is intended to be as broad and inclusive as is permitted by the law of the Sate of Indiana and that if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE IMDEMNITY AGREEMENT and GUEST RELEASE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name _____ Date _____

Parent/Guardian Signature _____ **Relationship** _____ **Date** _____

Release and Pick Up Information

Please list the names and phone numbers of the persons who may pick up your child.

Name: _____ Phone: _____ Cell _____
 Name: _____ Phone: _____ Cell _____

Registration Fee Paid (date) _____ Member / Program / Participant **REVISED 2/1/10 JMR**