Babysitter Training

The one-day babysitter training course, from the American Red Cross, will teach you everything you will need to be a great babysitter. As a Red Cross trained babysitter, you will gain confidence and valuable skills that will impress parents. The Babysitter Training Course is designed to teach boys and girls ages 11-15 about the responsibility of babysitting. Students will gain knowledge and skills necessary to develop leadership skills; learn how to develop a babysitting business; keep themselves and others safe and help children behave; and learn about basic child care and basic first aid.

$80/student

Students should bring a bagged lunch. Students must check in at Plantation Club's Front Desk.

This program requires prepayment. No refunds will be issued.

There is limited space available.

Questions: amcveagh@jcpcdd.org or 821-3635

Participant's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Street Address : _____

Phone Numbers: _____ _____ Email: _____
Daytime Evening

Emergency Contact: _____ Phone Number: _____

Important Medical Information/Allergies: _____

DATE OF COURSE: _____

WAIVER FOR CHILD CARE, DAY CAMPS, YOUTH PROGRAMS, SWIM LESSONS AND ALL YOUTH CLINICS

I understand that Julington Creek Plantation Community Development District (JCPCDD) assumes no responsibility for injuries or illnesses that my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities of any kind whatsoever. I expressly acknowledge that I assume the risk for any and all injuries and illnesses that may result from his/her participation in these activities. In consideration of the privilege of participating in JCPCDD activities or programs, I hereby voluntarily release and discharge JCPCDD, its agents, officers, supervisors, staff, and employees from any and all claims for injury, illness, death, loss or damage of any kind whatsoever that I or my child may suffer as a result of his/her participation in these activities.

I understand and agree that nothing herein is intended to be or shall be construed as a waiver of the JCPCDD's sovereign immunity or the limitations of liability found in section 768.28, Florida Statutes, or other law.

While JCPCDD will make every attempt to provide reasonable accommodations for mentally and physically challenged children, JCPCDD will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy JCPCDD programs. Any of the above reasons will be grounds for dismissal from JCPCDD programs. We strongly recommend that you discuss with JCPCDD staff any special conditions or circumstances involving your child. We request that you do this PRIOR to registration so that we can advise you as to whether we can make reasonable accommodation for your child.

I understand that JCPCDD is NOT responsible for personal property lost or stolen while members and/or program participants are using JCPCDD facilities or on JCPCDD premises.

In the event of an emergency and my emergency contact person cannot be reached, I hereby give my permission to the physician selected by JCPCDD to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application.

I understand that no accident or medical insurance is provided with this activity.

I give my permission to JCPCDD to use, without limitation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting JCPCDD programs.

I give my permission for my child to be transported by the bus service secured by JCPCDD for related programs activities.

_____ _____ _____
PARENT/GUARDIAN'S PRINTED NAME **PARENT/GUARDIAN'S SIGNATURE** **DATE**

AREA BELOW FOR OFFICE STAFF USE ONLY

Amount Paid: _____ ☐ Credit ☐ Cash ☐ Check # _____

Received By: _____ Date: _____