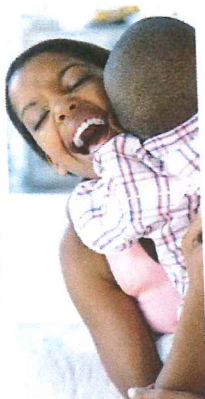


Babysitters Training



Participant Name: _____ ONE PER FORM Age: _____

Parent E-mail: _____

Phone: _____

LUNCH WILL BE PROVIDED

_____ Monday, June 10th **OR** _____ Monday, June 24th

Cost is \$20. Please make checks payable to: Shelby County Extension

List any physical, medical or dietary condition staff should be aware of: _____

My child has my permission to attend this activity, I understand that the youth will be closely supervised. I understand that in case of serious injury or illness I will be notified, but if it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by an attending physician.

I hereby grant my consent to ISU Extension & Outreach to use my child's image as they see fit for educational purposes or advertising/marketing ISUE&O and its programs. I waive any right to inspect, approve or otherwise restrict the use of my child's image and will not seek compensation or royalties for their use.

Parent Name (printed): _____

Parent Signature: _____

Person picking up my child: _____ Phone: _____

Return Registration form to Shelby County Extension 906 6th Street Harlan, IA 51537

Iowa State University Extension and Outreach does not discriminate on the basis of age, disability, ethnicity, gender identity, genetic information, marital status, national origin, pregnancy, race, color, religion, sex, sexual orientation, socioeconomic status, or status as a U.S. veteran, or other protected classes. Direct inquiries to the Diversity Advisor, 515-294-1482, extdiversity@iastate.edu.

The fees for service will be used to offset direct expenses and to support the 4-H Youth Development County Extension Program.

**IOWA STATE
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Extension and Outreach

MYRTUE
Medical Center