



Stay Safe / Babysitting Registration Form



Course Date: Friday, March 20, 2026

Which program is your child registering for?

☐ Stay Safe (9-11 year olds)
9am – 2 pm

☐ Babysitting (11 years old +)
9am – 3pm

Participant Name: _____

Date of Birth: _____

Family Contact: _____

Relation: _____

Street Address: _____

City / Town: _____

Postal Code: _____

Telephone: _____

Alternate #: _____

Participant Email: _____

Is there any medical information/allergies of which the Instructor should be aware? ☐ Yes ☐ No

If yes, please list medications that must be brought with participant. _____

Registration / Payment information:

1. Cash or cheque in the amount of \$75 is due in person at the library at the time of registration.
2. If paying by cheque- cheque to be made payable to Dakota Brasier. No post-dated cheques.
3. **A separate registration form and email is required for each person and for each program.**
4. By signing below, I hereby release Flex First Aid and the Wainfleet Township Public Library from all claims for damages rising from participation of the applicant hereon during any program or in any facility or at any location where a program is being held.

Parent / Guardian Signature

Date

- STAFF USE ONLY - STAFF USE ONLY - STAFF USE ONLY - STAFF USE ONLY - STAFF USE ONLY -

Payment Type: ☐ Cash ☐ Cheque # _____

Staff Signature