

# Babysitting Basics

Come and learn how to become a  
**Responsible and Caring Babysitter** that parents  
will love to hire for their kids!

## In this class you will learn:

- Your responsibilities as a babysitter
- What parents expect from you
- How to care for & entertain children
- Safety and how to handle emergencies
- Basic First Aid



Classes held at the **Grimes Community Complex**, 410 SE Main St.

For: Boys & Girls in 5<sup>th</sup> Grade or Above

When: **Thursday, June 6 and Fri. June 7**

Time: **9 am to 12 pm**

What to Bring: **Bottle of water and a doll or stuffed animal**

Cost: **\$25 per session, per participant**

**\*\* Registration is Required and Class Size is Limited \*\***

**To Register:** Register ONLINE at [www.grimesiowa.gov](http://www.grimesiowa.gov) OR mail or drop off registration to Grimes Parks and Rec office at 410 SE Main Street, Grimes, Iowa 50111. Please make checks payable to City of Grimes.

Participant's Name \_\_\_\_\_ Grade(2013/14) \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ E-Mail \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

### Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Iowa State University Extension and Outreach programs are [available](#) to all without regard to race, color, age, religion, national origin, sexual orientation, gender identity, genetic information, sex, marital status, disability, or status as a U.S. veteran. Inquiries can be directed to the Director of Equal Opportunity and Compliance, 3280 Beardshear Hall, (515) 294-7612.