



Safe Sitter Essentials w/CPR

Classes Offered:

Dec 7 Sat. (9 am - 3:30 pm) / Jan 11 Sat. (9 am - 3:30 pm) / Feb 29 Sat. (9 am - 3:30 pm)
March 28 Sat. (9 am - 3:30 pm) / April 18 Sat. (9 am - 3:30 pm)

Fee: \$95 pp ~ Grades: 6-9

Location: Westfield Recreation Dept. (425 E Broad St Westfield)

Register online at <https://secure.rec1.com/nj/westfield-nj> OR www.westfieldnj.gov/recreation (Also by mail or in person at Rec Dept)

Class Attending (Circle): 12/7/19 ~ 1/11/20 ~ 2/29/20 ~ 3/28/20 ~ 4/18/20

Name: _____ Age: _____ BD: _____ Grade: _____

Address: _____ Cell Provider: _____
Number Street Apt # Town Zip

Parent Email: _____ Parent Cell #1: _____

Parent Name: _____ Parent Cell #2: _____

Emerg. Name/Relation: _____ Emerg. Cell #: _____

List any allergies, health issues/information or medications that we should be aware of: _____

Participant has a disability, as defined by the ADA, and may need reasonable modifications in order to participate in the program. No Yes

I certify that the participant listed above is physically able to participate in the Westfield Recreation Department's programs. I hereby give permission for the participant listed to participate in the above-named activity.
Hold Harmless: I waive and release all rights and claims for damages against Town of Westfield, the Recreation Department, the Recreation Commission, the Town of Westfield Board of Education, and any employees, volunteers and agents for any and all injuries, which may be suffered by the above, named individual while participating in the activity. I understand that all injuries must be reported immediately to the Recreation Department. I also realize that Town of Westfield, Town of Westfield Recreation Department, and the Westfield Board of Education do not have medical or accident insurance to cover the above-named individual or any other participants. I further certify that all information on this form is true.
Media Policy: On occasion participants may be photographed while participating in Westfield Recreation Activities/programs. Understand that pictures at these activities may appear on the Westfield web page, Facebook page and/or other social media, publicity, or brochures marketing Westfield Recreation activities/programs and facilities. The participants and or their legal guardians will have no rights granted to inspect or approve the use of said photographs prior to publication. Names will not be published with any pictures that are used.
Requests for a refund must be made in writing at least five (5) business days (M-F) before program begins. NO refunds will be issued once the program starts. If granted, refunds will be issued by Town of Westfield check according to the Finance Dept. paying schedule through the mail (4-6 weeks for approved refunds).

Signature of Parent/Guardian: _____ **Date:** _____

OFFICE USE: FEE ENCLOSED: \$ _____ CHECK #: _____ CASH _____ CREDIT CARD _____ STAFF: _____ DATE: _____