

4-H Babysitting Registration Form



**Tuesday, August 1st
10:30 a.m. to 5:00 p.m.
Joseph H. Plumb Memorial
Library Central Library**



17 Constitution Way, Rochester, MA

Name of Participant: _____
Date of Birth: _____ Gender: Male Female
Address: _____
City: _____ State: _____
Zip Code: _____
School: _____ Grade: _____

Allergies, Medications, or other Pertinent Information:

Parent/Guardian's Name: _____
Email Address: _____
Emergency Phone: _____

Photography Release Consent:

____ Yes, pictures of my child may be used for publicity and news articles for the Plymouth County 4-H Extension (Names will not be printed)

____ No, do not use pictures of my child.

Code of Conduct:

I understand that the following individual behaviors make group activities difficult and I will be asked to pick up my child if there is a problem such as:

- Physical Harm ■ Leaving the Group without Permission ■ Illness
- Inappropriate Language ■ Refusal to Follow the Rules ■ Unsafe Behavior

Parent/Guardian Signature: _____ Date: _____

*Please Make Checks Payable to: **The County of Plymouth.***

Send Completed form and Payment to:

**Plymouth County 4-H Extension
Babysitting Program
44 Obery Street
Plymouth, MA 02360**