



4-H Babysitting Registration Form

Friday, July 28th

10:30 am to 4:30 pm

Hanson Public Library

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