



Special Care Sitter Train the Trainer

REGISTRATION FORM

Class Fee: \$15.00

Class Date: _____

Name: _____

Agency/Organization: _____

Agency/Organization address: _____

County: _____

Work Telephone: _____

Home Address: _____

County: _____

Home Telephone: _____

Email Address: _____

Special accommodations needed: _____

Lunch will be provided. If you have any food allergies or food restrictions, you will need to bring your own lunch to accommodate your food requirements.

Trainer Commitment: By attending the Special Care Sitter training I agree to use the material and implement at least one Special Care Sitter Class as a trainer.

Photographic and Legal Release

I assume all risks and hazards of my participation in Special Care Sitter programs and activities by Riley Hospital for Children, Community Education and Child Advocacy Department and Easter Seals Crossroads Rehabilitation Center. I do hereby waive all claims or legal actions, financial or otherwise, against the sponsoring organizations, or their elected and appointed officials and employees, the organizers, sponsors, supervisors or any volunteer connected with the program. I grant full permission to use photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose. In absence of signature, payment of fees and participation in Special Care Sitter shall constitute acceptance of the conditions set forth in the release.

Signature

Date

**Please complete this form and mail with a check for \$15 payable to Indiana University at least one week prior to the class to:
Community Education and Child Advocacy
Riley Hospital for Children
575 West Drive, #008
Indianapolis, IN 46202**

Questions? Call 1-888-365-2022

***Special Care Sitter and Riley Hospital for Children
assumes no responsibility for the acts or omissions of
Special Care Sitters or Trainers upon completion of the
program.***