



Lake Youth Foundation
Youth Educational Series (YES!)
Super Sitter Registration Form

Participant's Name: _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ E-Mail Address: _____

DOB: _____ Male ____ Female ____

Super Sitter Course
August 8 & 9, 2019

\$25 per person
9:00am –12:00pm

Ages 11 – 14
Classroom I LOW Community Center

For more information on this class, please contact Mary Lou at 972-1483.

Completed forms can be mailed in with cash or a check (written out to Lake Youth Foundation) to:

Lake Youth Foundation, P.O. Box 964, Locust Grove, VA 22508

I agree to allow LYF to post my child's photo in their advertising media (Lake Currents, Lake Youth Foundation website and Facebook page). Parent/Guardian Initial choice: Agree _____ Disagree _____

If your child becomes sick or injured while attending LYF activities, the parents, guardians, or emergency contact persons, once notified, will immediately arrange for the child to be picked up from the program. However, in the case the parents or other authorized persons cannot be reached, I hereby give permission for Lake Youth Foundation, Lake of the Woods Association, and/or staff from other LOW organizations to obtain treatment for my child by qualified personnel and if circumstances warrant, to allow transportation of the child to a hospital.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts: The person must be local and readily accessible for your child.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

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