

# Kid Kare Babysitting Clinic

## June 27, 2023

Babysitting is not just a job...it's a responsibility. Kid Kare is an opportunity available for youth to learn the important responsibilities of babysitting. The Kid Kare Babysitting Clinic for youth ages 10 to 16 will be presented on June 27. Youth will gain knowledge on caring for an infant, first aid & choking, handling emergencies, activities to do with age appropriate children, nutrition and handling different behaviors.

Professionals from SDSU Extension and the Watertown Community will be presenting the sessions. The clinic will be held at the Codington County Extension Complex. The day will begin at 8:30 am with check in and will conclude by 3:00 pm. The cost for the day's program is **\$15.00** which includes breaks, lunch and program materials. Payment must be submitted along with the pre-registration form to reserve your place.

The day is limited to 60 participants on a first come, first serve basis.



- Sessions to Include:**
- Infant Care
  - First Aid/Choking
  - Fun Activities with Children
  - Nutrition for Youngsters
  - Emergency Preparedness
  - Tips to Handle Children's Behavior

*If you need an accommodation for a disability to fully participate in this program or for more information, please contact the Codington County Extension Office at 882-6300.*



**SOUTH DAKOTA STATE  
UNIVERSITY EXTENSION**



**Kid Kare is sponsored by:  
SDSU Extension and  
Codington County Extension**

South Dakota State University, South Dakota Counties and U.S Department of Agriculture Cooperating. South Dakota State University is an Affirmative Action/Equal Opportunity Employer (Male/Female) and offers all benefits, services, education and employment opportunities without regard to ancestry, age, race, citizenship, color, creed, religion, gender, disability, national origin, and sexual preference, or Vietnam Era veteran status.

# Kid Kare Registration Form

Pre-Registration is due by June 9, 2023

Name: \_\_\_\_\_

Age: 10 11 12 13 14 15 16      Gender: M    F

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Restrictions: (dietary, physical activity, etc.) \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Phone: \_\_\_\_\_

Cost: \$15.00 \_\_\_\_\_ check/cash

**Make checks payable to:** Activities Revolving

**This form and payment should be returned to:**

Codington County Extension Office, Attention: Kid Kare  
1910 West Kemp Avenue, Watertown, SD 57201

### Media Release

I hereby authorize South Dakota State University to photograph me and/or my property, and authorize South Dakota State University, its legal representatives, or successors and assigns the absolute right and unrestricted permission to copyright, publish and/or use such photographs or recordings in whole or part, or composite or form made for art, advertising, trade or any lawful purpose. I hereby waive any right that I may have to inspect and approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it is applied. I understand no payment or compensation will be provided to use my photograph or recordings. I hereby release, discharge and agree to hold harmless South Dakota State University from any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of said picture, or in any processing tending toward the completion of the finished product.

### Permission to Treat

I understand that first aid will be available at the event, that the participant will be supervised closely, and that if a serious illness or injury develops, medical and/or hospital care will be given; however, the staff will not be held responsible in case of accidental illness or injury. I further understand that in case of serious illness or injury we will be notified. If it is impossible to contact us, we give permission of emergency treatment or surgery as recommended by the attending physician. Insurance is the responsibility of the individual according to the 4-H/youth policies of the County Extension Service. I am familiar with, and understand the Extension policy regarding health and accident insurance. My signature indicates that I have read this form and support the individual(s) in charge of maintaining appropriate behavior. I agree to accept the appropriate and logical consequences of my child's actions according to this policy as determined by the South Dakota 4-H/youth program. Furthermore, I give permission for my child to receive emergency medical attention, and to participate in 4-H/youth program activities.

**Your signature indicates you accept the Media Release and Permission to Treat paragraphs that you marked above.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_