

VIRTUAL Safe at Home

This virtual class is taught by an American Red Cross Licensed Training Provider and offered for boys and girls ages 8 and older, who are ever home alone. It will cover safety concerns parents have when their children are by themselves, such as arriving home, responsibilities, phone and internet safety, fire and gun safety, and many others. Parents are welcome and encouraged to attend the last 15 minutes of class. A link to the Zoom Virtual Classroom will be emailed to participants. *Deadline to register is one week prior to the class.*



213504-A: Monday, September 14

213504-B: Monday, November 9

Time: 5:30-8:30p.m.

Location: New Hope City Hall, 4401 Xylon Ave N

Fee: \$55 Residents of New Hope, Crystal, Golden Valley and Robbinsdale
\$62 Nonresidents

Register with: New Hope Parks and Recreation
4401 Xylon Ave N
New Hope, MN 55428
763-531-5151

Online Registration... Go to webtrac.nhrecexpress.com



[Facebook.com/newhoperecreation](https://www.facebook.com/newhoperecreation)

Refunds, program credits and transfers are allowed up to one week before the start of the program. In the event of an illness or injury, refunds may be given after the deadline. A doctor's written verification is required. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card.

Virtual Safe at Home—Fall 2020

Name _____ Phone _____ Cell _____

Address _____ City _____ Zip _____

Birthdate _____ Parent/Guardian _____

Email Address _____ Special Need _____

Activity _____ Course _____ Amount Enclosed \$ _____

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the event to be used by the city in promotional materials.

Parent/Guardian Signature _____ Date _____

Am Ex/Discover/MC/Visa # _____ Exp Date _____ Security Code _____