



BABYSITTER REGISTRATION FORM

MEMBER INFORMATION

LAST NAME: _____ FIRST NAME: _____

BABYSITTER INFORMATION (1)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

PHONE: _____ AGE: _____

EMERGENCY CONTACT: _____

BABYSITTER INFORMATION (2)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

PHONE: _____ AGE: _____

EMERGENCY CONTACT: _____

BABYSITTER AGREEMENT:

I understand that I may only send a babysitter to the pool to watch my children when I am not present. I also understand that each babysitter I send must have a waiver of liability on file. If the babysitter is 19 or over, the waiver must be signed by the babysitter. If the babysitter is under 19, the babysitter's parent must sign the waiver. I further understand that the babysitter must abide by all the rules of Shades Cliff Pool and are responsible for monitoring my children in my stead.

Signature

Date

BABYSITTER RATES:

\$5 / day; \$10 / week; \$50 / summer

AMOUNT PAID: \$ _____

RECEIVED BY: _____