

Eno Valley Swim & Racquet Club Baby Sitter Form

Date: _____

Member's Name: _____

Address: _____

Phone #'s: _____

Cell Home Work Other: _____

Cell Home Work Other: _____

Cell Home Work Other: _____

Cell Home Work Other: _____

Sitter's Name: _____

Age: _____

Address: _____

Phone #: _____

Cell Home Work Other: _____

Member's Children Names and Ages

1. _____

3. _____

2. _____

4. _____

The sitter must be at least 16, remain with my children at all times and have a vehicle with them at the pool at all times. The sitter must sign in daily. The \$25 sitter fee is only good for one person. (No one may substitute for them)

My sitter, _____ has FULL authority and responsibility for the behavior of my children and has FULL authority to make all emergency medical decisions for my children.

(Parent Signature)

(Date)

(Approval Signature)

(Date)