

**SIDEBURN RUN
Childcare Authorization Form**

Member # _____

Membership Year: _____

MEMBER'S NAME: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

CHILDCARE PROVIDER'S NAME: _____

Address: _____

Home/Cell Phone: _____ Age: _____

The childcare provider:

- Must be at least 16 years old.
- Must be familiar with Sideburn Run's pool rules.
- Is not allowed to bring provider's own child/children while caring for Members' children.
- Cannot access the pool except in official capacity as a childcare provider unless status shows "Live-in" (proof of residency required).
- "Live-In" provider can use the pool unaccompanied by Sideburn Run's Pool Member's child/children but cannot sign-in guests or own family members.

CHILDREN UNDER SUPERVISION OF SITTER			
Name	Age	Name	Age

Members are responsible for the conduct of their children who attend the pool accompanied by a childcare provider, as well as for the conduct of the above named childcare provider. It is the members' responsibility to insure that the pool management has an accurate phone number to reach the parents or authorized individual.

Sideburn Run Recreation Association will not be held responsible for any loss of property or personal injury.

SRRA cannot accept responsibility for the health and medical care of Members' children and their childcare provider. SRRA does not maintain or administer emergency medicines or equipment (such as epi-pens or cardiac equipment). If Members' children or childcare provider has a medical condition which would require the use of such medicines or medical devices, Member is solely responsible for providing, carrying and directing childcare provider to administer such medicines/medical equipment. In cases of medical emergencies, lifeguards of the Pool are directed to call 911.

Non-member Childcare providers may be added to family memberships only for a fee of \$25 each (no discounts for age). Please submit a check made payable to SRRA with this form. Fee is non-refundable.

Member's Signature: _____ Date _____