

**SUMMERLAKES HOMEOWNERS ASSOCIATION
BABY-SITTER REGISTRATION - SUMMER 2017
FOR SUMMERLAKES POOL USE ONLY**

I. Family Name _____ Home Phone _____
Address _____
Lot Number _____ Day Phone (1) _____ Day Phone (2) _____

II. Baby-Sitter _____ Home Phone _____
Address _____
Lot Number _____ or Guest _____ Birthdate _____

III. Children Birthdate
1. _____
2. _____
3. _____
4. _____

- IV. I/We agree to the following conditions:
- a. The above named baby-sitter is acting solely as my/our Agent in the responsibility and care of the children listed above, and in no way is acting as an Agent for or on behalf of Summerlakes Homeowners Association. I/We take full responsibility for all actions of the baby-sitter and hereby release Summerlakes Homeowners Association from any liability whatsoever in regard to any action taken by the baby-sitter and any subsequent injury of harm sustained by the above named children, or damage to Summerlakes' property as a result of these actions.
 - b. The above named children for whom the baby-sitter accepts responsibility are all children living at the family address noted above and I/We are the Legal Guardian (s) for the children, and, further I/We acknowledge that the baby-sitter will only be permitted to accompany the children named above within our single family unit to the Summerlakes Pool.
 - c. I/We agree that should the baby-sitter not be a member of the Summerlakes Homeowners Association, the baby-sitter will pay the appropriate Pool

guest fee **EACH** time the baby-sitter accompanies my/our children to the Summerlakes Pool.

- d. I/We agree that should the baby-sitter fail to stay with, watch, and control the actions at all times while at the Summerlakes Pool, of the above named children for whom they are responsible, their privileges to accompany the children can be immediately rescinded through the remainder of the season at the discretion of Clubhouse Administrative or Pool Personnel. Therefore, the baby-sitter will not be allowed to bring in a guest while on baby-sitting duty.
- e. I/We authorize and accept full responsibility for the above named baby-sitter, when accompanying the above named children to the Summerlakes Pool, to seek and approve emergency medical care and/or treatment for any or all of the children through a clinic, hospital, or private physician. I/We give our express consent for X-Rays if the physician or hospital deem it is advisable or necessary. I/We also agree to pay all of the costs and fees contingent upon any emergency medical care and/or treatment for the children as secured or authorized under this consent.**
- f. I/We agree that the stipulations and restrictions as outlined in this agreement are in effect between 11:00 a.m. until closing daily from **June 1st, 2017** through **Monday, September 4, 2017.**

V. Signatory Consent

(Signature of Parent or Legal Guardian)

(Date)

(Signature of Parent or Legal Guardian)

(Date)

** Please note any known medical problems or allergies any of the above named children may have:
