

**MCGEE'S CROSSROADS RECREATIONAL CLUB
BABYSITTER INFORMATION FORM**

*This form is to be completed by parent/guardian of kids under
the age of 12 being babysat.*

DATE: _____

PARENT/GUARDIAN: _____ Share# _____

PHONE: H _____ C _____ W _____

E-MAIL ADDRESS: _____

BABYSITTER: _____ DOB _____

PHONE: H _____ C _____ W _____

CHILD #1: _____ DOB _____

CHILD #2: _____ DOB _____

CHILD #3: _____ DOB _____

CHILD'S PHYSICIAN: _____

BABYSITTER'S EMERGENCY CONTACT NAME AND NUMBER: _____

ANY MEDICAL PROBLEMS OR DAILY MEDICATIONS: _____

ALLERGIES: _____

I CONSENT FOR _____ (BABYSITTER'S NAME) TO BE
RESPONSIBLE FOR MY CHILD/CHILDREN WHILE AT THE MCGEE'S CROSSROADS POOL.

I CONSENT FOR _____ (CHILD/CHILDRENS NAME) TO BE
TREATED WITH FIRST AID/CPR IF DEEMED NECESSARY BY LIFEGUARDS/MANAGER
AND FOR 911 TO BE CALLED WHEN NEEDED.

SIGNATURE OF
PARENT/GUARDIAN: _____ DATE: _____
