

**MADISON COMMUNITY POOL
2017 BABYSITTER PERMISSION AND EMERGENCY FORM**

(Family membership required; additional payment required.)

Parent(s) Name(s): _____

Address: _____ **Phone(s):** _____

Babysitter's Name: _____ **Age:** _____

Name(s) and age(s) of children Babysitter is responsible for:

(Babysitter is not permitted at the pool without the children they are responsible for)

Emergency Contact:

Name: _____ **Phone:** _____

Children's Physician: _____ **Phone:** _____

Hospital Preference: _____

Important Medical Information: _____

I GIVE MY PERMISSION FOR MY BABYSITTER _____

TO CARE FOR MY CHILD/CHILDREN AT THE MADISON COMMUNITY POOL WITHOUT MY SUPERVISION. I UNDERSTAND AND AGREE THAT MY PERMISSION GRANTED HEREBY IS AT MY SOLE RISK. I UNDERSTAND AND AGREE THAT THE MADISON COMMUNITY POOL (MCP) , ITS OFFICERS, TRUSTEES, EMPLOYEES, AGENTS AND VOLUNTEERS SHALL NOT BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL, CONSEQUENTIAL OR EXEMPLARY DAMAGES RESULTING FROM THE USE OF THE MCP BY MY BABYSITTER OR MY CHILDREN WHEN UNACCOMPANIED TO THE POOL BY ME. NOR SHALL MCP BE RESPONSIBLE FOR MORE THAN ITS NORMAL STATED RESPONSIBILITIES UNDER ITS RULES AND REGULATIONS AND BY-LAWS.

Signature: _____ **Date:** _____

THE FEE TO ADD A BABY SITTER TO A MADISON RESIDENT FAMILY MEMBERSHIP IS \$150.00

THE FEE TO ADD A BABY SITTER TO A NON RESIDENT FAMILY MEMBERSHIP IS \$180.00