

Babysitter Form

| Date | | |
|-----------------------------------|---|------------------------|
| Member's Name: | | |
| Email Address: | | |
| Address: | | |
| | | |
| | DOB: | _ |
| | | |
| Phone #: | Type: | |
| Member's Children Names and Ages | | |
| 1 | 3 | |
| 2 | 4 | |
| - | rith your children at all times and have a veh daily. The \$25 sitter fee is only good for one | |
| | s FULL authority and responsibility for the bargency medical decisions for my children. | ehavior of my children |
| (Parent/Legal Guardian Signature) | (Date) | |