

*Leeland Station Community Association*

**2021 Swimming Pool  
Caregiver Permission Form**

Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (C): \_\_\_\_\_ Phone (W): \_\_\_\_\_

Email: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

**RESIDENTS RESIDING IN HOUSEHOLD UNDER CAREGIVER SUPERVISION**

<b>NAME:</b>	<b>DATE OF BIRTH:</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

AS EVIDENCED BY OUR SIGNATURES BELOW ...

- I, THE PARENT/LEGAL GUARDIAN, HEREBY CONSENTS TO HIS/HER/THEIR CHILDREN, (LISTED ABOVE) BEING SUPERVISED AT THE POOL BY THE CAREGIVER.
- I, THE CAREGIVER, REPRESENTS THAT I AM ABLE TO SWIM AND ACKNOWLEDGE I MAY NOT SUPERVISE MORE THAN THREE (3) CHILDREN ELEVEN YEARS OF AGE OR YOUNGER AT THE LSCA POOL FACILITY AT ANY TIME.
- WE BOTH FURTHER ACKNOWLEDGE THAT IF THE CAREGIVER IS NOT A LEELAND STATION COMMUNITY RESIDENT, THE CAREGIVER MAY NOT USE THE LSCA POOL FACILITY FOR PERSONAL USE OR BRING GUESTS WITH THEM TO THE POOL FACILITY.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE

\_\_\_\_\_  
SIGNATURE OF CAREGIVER DATE

**\*\*\* THE CAREGIVER PASS EXPIRES AT THE END OF 2021 POOL SEASON\*\*\***

\_\_\_\_\_  
AUTHORIZED LSCA REPRESENTATIVE DATE