



Est. 1921

CHILD CARE PROVIDER REGISTRATION FORM

FAMILY INFORMATION	
Family Name	Member No.
Name of Mother or Guardian #1	Daytime Phone
Name of Father or Guardian #2	Daytime Phone
Additional Emergency Contact	Daytime Phone
CHILDREN	
Name	Birthday / /
Name	Birthday / /
Name	Birthday / /
Name	Birthday / /
Name	Birthday / /
CHILD CARE PROVIDER	
Name	Birthday / /
Street Address	Apt. #
City Zip	Home Phone

The individual named above as "Child Care Provider" herein assumes full responsibility for the above named Member's children while at the Cascade Hills Country Club Family Sports & Aquatics Center, as assigned by the Member's signature below. Furthermore, by his/her signature below the Child Care Provider acknowledges that he/she has read and will observe all Club Rules and Policies and will comply with instructions given by the Club's professional staff while accompanying Members' children.

Member Signature

Child Care Provider Signature

Date

Aquatics Director Approval	
_____ Initials	_____ Date
General Manager Approval	
_____ Initials	_____ Date