

	Check Cash
Date Received	
Amount	
Check Number	
*****above for Board use only*****	

Member Information

Children Receiving Care

Last Name	_____	Name	_____
Father's First Name	_____	Name	_____
Mother's First Name	_____	Name	_____

Business Information

Father	Business Name	_____	
	Business Phone	_____	Cell Phone _____
Mother	Business Name	_____	
	Business Phone	_____	Cell Phone _____

Baby Sitter Information – please complete both sections if you will be using more than one sitter

Name of Babysitter	_____	Name of Babysitter	_____
Date of Birth	_____	Date of Birth	_____
Phone Number	_____	Phone Number	_____

This application must be submitted to the Board of Directors and, if approved, the following conditions will apply:

1. Baby sitter will be admitted to the Club only at such times as he/she accompanies the above listed children and has them in his/her care. Baby sitter will not be admitted to the Club at any other time.
2. Baby sitter will not be permitted guest or visitor privileges.
3. Parent(s) hereby authorize the above named baby sitter to act on their behalf while children are in his/her care and release the Club from all liability due to negligence on the part of the baby sitter.

Parent Signature	_____	Date	_____
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Rates

Season – \$90 (no NJ sales tax is required)

Other – Dates: From _____ To _____ pro-rated

PAYMENT TO ACCOMPANY THIS APPLICATION
GREEN-FIELDS SWIMMING CLUB * P O BOX 172 * Thorofare * NJ * 08086-0172