## **City of Oberlin Swimming Pool**

## **Minor Care for Another Minor Approval Form**

| For the purpose of using the facilities at the City of Oberlin Public Pool, I hereby declare that  (age ) has my permission to bring and be responsible for the care of my other minor children.  In case of emergency, I may be contacted at the following numbers during pool operation hours:  Phone: Phone#2:   If I cannot be reached, the following adult person may be contacted in an emergency:  Name: Relationship:   Phone#2:   Signed: Phone#2:   Date:   Date:   Date:   Date:   Phone #2:   Signed:   Date:   Date:   Date:   Date:   Date:   Phone #2:   Phone #2:   Date:   Phone #2:   Phone #2:   Phone #2:   Date:   Phone #2:   Phone #2:   Phone #2:   Date:   Phone #2:   P  | l,   | _, state  | e that I am the parent/legal guardian of the  |
|--|--|-----------|---|
| For the purpose of using the facilities at the City of Oberlin Public Pool, I hereby declare that  (age ) has my permission to bring and be responsible for the care of my other minor children.  In case of emergency, I may be contacted at the following numbers during pool operation hours:  Phone: Phone#2:   If I cannot be reached, the following adult person may be contacted in an emergency:  Name: Relationship:   Phone#2:   | following minor children:                        |           |   |
| For the purpose of using the facilities at the City of Oberlin Public Pool, I hereby declare that  (age ) has my permission to bring and be responsible for the care of my other minor children.  In case of emergency, I may be contacted at the following numbers during pool operation hours:  Phone: Phone#2: If I cannot be reached, the following adult person may be contacted in an emergency:  Name: Relationship: Phone#2: Phone#4: Phone |  |           |   |
| For the purpose of using the facilities at the City of Oberlin Public Pool, I hereby declare that  (age ) has my permission to bring and be responsible for the care of my other minor children.  In case of emergency, I may be contacted at the following numbers during pool operation hours:  Phone: Phone#2:   If I cannot be reached, the following adult person may be contacted in an emergency:  Name: Relationship:   Phone#2:   |  |           |   |
| for the care of my other minor children.  In case of emergency, I may be contacted at the following numbers during pool operation hours:  Phone: Phone#2:  If I cannot be reached, the following adult person may be contacted in an emergency:  Name: Relationship:  Phone#2:   |  |           |   |
| for the care of my other minor children.  In case of emergency, I may be contacted at the following numbers during pool operation hours:  Phone: Phone#2:  If I cannot be reached, the following adult person may be contacted in an emergency:  Name: Relationship:  Phone#2:   |  |           |   |
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| In case of emergency, I may be contacted at the following numbers during pool operation hours:  Phone: Phone#2:  If I cannot be reached, the following adult person may be contacted in an emergency:  Name: Relationship:  Phone: Phone#2:  | (age_  | ) ł       | has my permission to bring and be responsible |
| Phone: Phone#2:  If I cannot be reached, the following adult person may be contacted in an emergency:  Name: Relationship:  Phone#2:   | for the care of my other minor children.         |           |   |
| If I cannot be reached, the following adult person may be contacted in an emergency:  Name: Relationship:  Phone: Phone#2:   | In case of emergency, I may be contacted at th   | ne follov | wing numbers during pool operation hours:     |
| Name:  | Phone:   | Phone#2:  |   |
| Phone: Phone#2:  | If I cannot be reached, the following adult pers | son may   | y be contacted in an emergency:               |
|  | Name:  | Relatio   | onship:                                       |
| Signed: Date:  | Phone:   | Phone     | e#2:  |
| Signed: Date:  |  |           |   |
| Signed: Date:  |  |           |   |
| Signed: Date:  |  |           |   |
|  | Signed:  |           | Date:   |
|  |  |           |   |
| Pool Manager Signature: Date:  | Pool Manager Signature:                          |           | Date:   |

<sup>\*\*</sup>Forms may be submitted by email to: oberlinpool@oberlinkansas.gov