

**TUCKAHOE VILLAGE WEST RECREATION ASSOCIATION (TVWRA)**

**2023 Application Addendum for Childcare**

**If there are any childcare providers or babysat children listed on the member's application, this addendum is required to be attached. Please note there are two scenarios covered by the form; complete only the applicable portion.**

TVWRA Member Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ -

**Childcare Provider Information**

**A separate addendum must be completed for each provider listed on the application.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Childcare Provider Address: \_\_\_\_\_

Childcare Provider Phone Number: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Days of Week Providing Childcare: \_\_\_\_\_

I, as a childcare provider for a TVWRA member, have read the rules and regulation of the Association and agree to abide by all such rules and regulations with the knowledge that failure to comply may result in termination of pool usage in the line of duty of my employment as a childcare provider. I hereby release and hold harmless TVWRA and its officers, employees, volunteers, and other participants of and from, and do discharge and waive, any and all claims, demands, losses, damages and liabilities that I may have or sustain arising out of my participation in recreational activities. I understand and appreciate that my participation carries a risk of serious injury, including permanent paralysis or death. I voluntarily recognize, accept and assume this risk.

Signature of Childcare Provider: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ /2023

**Babysat Children Included on Application**

**One Addendum must be completed for each child being cared for by a TVWRA member. The Parent/Guardian must sign the Addendum. A \$100 per child summer fee must be included with the members' application and summer dues.**

Babysat Child Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Days of Week Babysat: \_\_\_\_\_

I, as a parent/guardian to a child being provided childcare by a TVWRA member, I have read the rules and regulations of the Association and agree that my child will abide by such rules and regulations with the knowledge that failure to comply may result in termination of pool usage for my child. I hereby release and hold harmless TVWRA and its officers, employees, volunteers, and other participants of and from, and do discharge and waive, any and all claims, demands, losses, damages and liabilities that I may have or sustain arising out of my participation in recreational activities. I understand and appreciate that my participation carries a risk of serious injury, including permanent paralysis or death. I voluntarily recognize, accept and assume this risk.

Signature of Parent of Babysat Child: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ /2023