

**CARDINAL HILL SWIM & RACQUET CLUB**  
Chaperone Registration Form

By completing and submitting this Chaperone Registration Form, I hereby grant permission for the chaperone(s) (listed below) to supervise my children (listed below), while they are visiting Cardinal Hill Swim and Racquet Club.

Member Name:	Membership Number:
Signature:	Date:

**Member Children Being Chaperoned**

Name	Birthdate

**Member Chaperones Under Age 16**

Name	Birthdate	Member ID

**Non-Member Chaperones**

Name	Birthdate (If Under 16)	Phone

**Full-Time Caregiver**

Name	Birthdate (If Under 16)	Phone