



**Lake Shore Yacht & Country Club**  
**6777 Lake Shore Road**  
**Cicero, New York 13039**

**Child Care Provider Agreement,  
Medical Release, and Liability Waiver**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emerg. Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Information \_\_\_\_\_

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***\*IMPORTANT MUST READ\****

I, the Parent/Guardian of the registrant, a minor, am a member of Lake Shore Yacht & Country Club, Inc. ("LSYCC"), agree that the registrant and I will abide by the rules of LSYCC and sponsors; recognizing the possibility of physical injury associated use of the pool and land areas.

I, the Parent/Guardian of \_\_\_\_\_, minor child do hereby give my permission to have \_\_\_\_\_ as a responsible child care provider monitor the activities of \_\_\_\_\_ at the pool and related areas at LSYCC. I agree to be responsible for any charges incurred for the benefit of \_\_\_\_\_ and/or \_\_\_\_\_ at the pool, Club House, or related areas for goods, services, etc. provided.

I hereby release, discharge, and/or otherwise indemnify LSYCC, its affiliated organizations and sponsors, their employees, and associated personnel, including lifeguards, against any claim by or on behalf of the registrant's and/or child care provider's use of the facilities and/or participation in related activities on the premises.

Parent/Guardian's Name (Print) \_\_\_\_\_ Member # \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrant's Signature (18 & Over) \_\_\_\_\_ Date \_\_\_\_\_

**Consent for Medical Treatment (Minor)**

As the Parent/Guardian of the registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor or Medicine Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve the life, limb, or well being of the registrant.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (home) \_\_\_\_\_ (cell)