LYSA-EP Child Care Required Waiver Form (Print this form to apply.)

www.lincolnyouthsports.org

Parents/Guardians, by signing below, you are granting permission for the indicated child to be a guest at the LYSA-EP Swimming Pool and understand all rules and membership responsibilities. Your signature indicates that you understand that LYSA-EP and any person connected thereto will not be responsible for illness or injury sustained by any child while attending the pool and its facilities.

Name of Daycare: _____

Child's Name (print clearly)	Child's Age	Parent / Guardian (print clearly)	Parent / Guardian Signature	Date

Print as many of these sheets as required. Questions to mike.letheby@rbc.com or 402-432-6453