

# City of Oberlin Swimming Pool

## Minor Care for Another Minor Approval Form

I, \_\_\_\_\_, state that I am the parent/legal guardian of the 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: \_\_\_\_\_ Phone#2: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Pool Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*Forms may be submitted by email to: [oberlinpool@oberlinkansas.gov](mailto:oberlinpool@oberlinkansas.gov)