

DATE: _____

CAMBRIDGE LAKES - APPROVED GUARDIAN

OWNER NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____



\$5.00 for each approved guardian for 6 months
Limit 2 (two) Approved Guardians Per Household (per 6 months)

DETAILED INFORMATION REGARDING APPROVED GUARDIAN(S)

******APPROVED GUARDIANS MUST BE 18 YEARS OR OLDER - NO EXCEPTIONS******

1).

Date Active: _____ thru _____

Name: _____

Address: _____

Phone #: _____

D.O.B: _____

Relationship: _____

****Release & Waiver of Liability Signed**

YES	NO
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Guardian Signature: _____

Payment Information

Check _____ Check # _____

Credit Card _____

Staff Initial _____ Date _____

2).

Date Active: _____ thru _____

Name: _____

Address: _____

Phone #: _____

D.O.B: _____

Relationship: _____

****Release & Waiver of Liability Signed**

YES	NO
-----	----

Guardian Signature: _____

Payment Information

Check _____ Check # _____

Credit Card _____

Staff Initial _____ Date _____

PARENT SIGNATURE: _____

MANAGER AUTHORIZATION: _____

MANAGER DATED: _____

****Release & Waiver of Liability MUST be signed by Approved Guardians and placd in owners file**