

**ANDERSON HILLS, INC.-- DESIGNATED SITTER FORM**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone#: \_\_\_\_\_

Mobile# (s) \_\_\_\_\_ **Allow Text Alerts YES or NO**

Family Members	Date of Birth
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**DESIGNATED SITTER:**

*The Designated Sitter must be a responsible person of a minimum of **15 years of age**. The Sitter will not have to pay a guest fee, but must sign in each visit, and the parent must not be using the facility at the same time. Families are limited to one Designated Sitter.*

Name: \_\_\_\_\_

Age: \_\_\_\_\_