Greenspring Quarry Association, Inc.

Application for "Nanny/Granny" Pass

Reference the following Rule in the Association's "Swimming Pool Rules and Regulations": A nanny, au pair, baby sitter or grandparent ("guardian") of a minor registered pool pass permit holder may accompany said minor as a guest; provided that, (i) the guardian is 16 years of age or older, (ii) the guardian must deliver a signed release form provided by Manager from the parent or legal guardian of the minor stating that the guardian is permitted to accompany the minor as his/her guest, and (iii) the guardian must execute a form provided by Manager acknowledging that he/she agrees to follow these Pool Rules, in their entirety. I, ______, residing at _____, am a registered pool pass permit holder as defined in the "Swimming Pool Rules and Regulations" of the Greenspring Quarry Association, Inc. I request that _______, who is years old, whose **photo is attached**, and who is a (select one of the following:) □ Nanny □ Au Pair □ Babysitter □ Grandparent □ Other: of my minor child(ren) (specify names): who are registered pool pass permit holders, be permitted to accompany said minor(s) as their guest and act as their "guardian" subject to the pool rule referenced above. By his/her signature below, this "guardian" has agreed that he/she has received a copy of the "Swimming Pool Rules and Regulations" and agrees to be solely responsible for abiding by all rules and regulations governing the use of the facilities and for supervising my child(ren) and assuring that my child(ren) are abiding by all rules and regulations governing the use of the facilities. By my signature below, I agree that the "guardian" is solely responsible for the safety and welfare of my child(ren). This agreement is valid only for the pool season when issued or until revoked. (Registered pool pass permit holder Signature and Date) Attach photo of "guardian" here ("Guardian" Signature and Date)

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State of MARYLAND, County of	f BALTIMORE:		
I hereby certify that on this a Notary Public of the State of			
	and		, known to me or
satisfactorily proven to be the and they acknowledged it to be best of their knowledge, inform	e their act and dee	ed and that the cor	
As witness my hand and notari	ial seal.		
My Commission expires:			