



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Babysitting Authorization Form

YMCA Staff Name (requesting services from): _____

Nature of Request (babysitting, private tutoring, etc.): _____

Child(ren)'s Name(s): _____

Parent/Legal Guardian Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

How long have you known the YMCA staff member? _____

Please read and sign below.

I am requesting personal services from the above staff member and understand that these services may only be provided outside of their scheduled working hours with the YMCA of Southeastern North Carolina (hereinafter YMCA). I understand that the above staff member does not represent the YMCA while personally engaged with my family outside of YMCA programming and they will not be insured or compensated by the YMCA if they choose to enter into any type of service agreement with me/my family. I understand that by signing this Babysitting Authorization Form, I release and hold harmless the YMCA of Southeastern North Carolina, and its directors, officers, advisors, agents, instructors, volunteers, and all other persons or entities acting for them from any and all claims, demands, suits, cost and charges, in connection with or arising out of private childcare services outside of YMCA facilities and programs, including but not limited to, personal injury, bodily harm, injury, sickness, death or property damage occurring while with the above child/children.

YMCA OF SOUTHEASTERN NORTH CAROLINA

PO Box 3467 Wilmington, NC 28406

(910) 251-9622 | www.ymcasenc.org

YMCA mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.



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Signature of Parent/Legal Guardian:

Printed Name:

Approval Signature of CEO/COO:

Printed Name:

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