



The Oaks Community Association

5607 Jackson Valley Road • Ione, Ca. 95640-9629

Phone 209-274-6056 Fax 209-274-6058

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Pool Supervision Authorization

Name: _____ Date: _____

Address: _____ Lot # _____

Phone: _____

I, _____, give my permission to
Name

Name/Address

an adult eighteen (18) years old or older, to supervise my minor child/children listed below at the Oaks Community pool on the date listed above.

Name of minor child/children to be supervised Age

Signature

This form authorizes supervision for one day only. A new form must be signed and turned in to the office or pool attendant each day your child/children will be supervised by someone other than their legal parent/guardian at the pool. Thank you for your cooperation in keeping our kids safe.