

**BALLANTRAE COMMUNITY DEVELOPMENT DISTRICT**

**Authorization Form for Child Caregivers who are Non-Residents**

This Ballantrae Community Development District (“**District**”) form authorizes residents to register a non-resident caregiver, at least 18 years of age, to be issued a renewable 90-day photo ID swipe card to access District pools for the sole purposes of accompanying and supervising the resident’s child(ren), under the age of 13, during the regular hours of pool operations. The resident and non-resident caregiver must be present together at the clubhouse before the District’s staff issues the temporary access card. They must have in hand the resident’s own photo ID swipe card plus birth certificates for each resident child intended to be covered by this authorization.

\_\_\_\_\_   
 Print Name of Resident

\_\_\_\_\_   
 Resident Address

\_\_\_\_\_   
 Print Name of Family Member or Caregiver

I hereby certify that I am a resident of the District and possess my own adult photo ID swipe card issued by the District. Identified above is the caregiver for my household. We are hereby requesting that the caregiver be issued a temporary photo ID swipe card permitting access to pool facilities for the sole purposes of accompanying and supervising my \_\_\_ **child(ren)**, under the age of 13, in using the pool facilities pursuant to all the rules or policies of the District. The caregiver agrees not to use this card in any attempt to enter District facilities with any other guests than resident’s minor child(ren), or to allow its use for any other purpose. The card will be issued for the established rate of **\$5.00**, for **up to 90 days** at a time (starting from the date issued), for use during the regular hours of pool operations. After the 90 days have expired, we understand we will need to submit a new form to the District and pay another \$5.00 to extend card access for another 90 days.

**Our signatures below warrant that we understand and acknowledge that we will be responsible for any actions or damages resulting from this authorization, that we have read and will comply with the “Rules for obtaining Ballantrae CDD photo ID ‘swipe cards,’” any other rules of the District, and agree this card can be revoked or suspended at the District’s discretion.**

By: \_\_\_\_\_ (Signature of Resident)

\_\_\_\_\_ (Signature of Caregiver)

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*This section reserved for District staff:*

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_