



RESIDENTS
ASSOCIATION

Request for Caregiver Card

AuburnBayRA.ca

Date Card Requested: _____ Expiry Date Requested: _____
(Max. 2 months)

Member's Name: _____

Member's Address: _____

Caregiver's Name: _____ Caregiver's Age*: _____

***Note: cards will only be issued to caregivers who are over the age of eighteen.**

Caregiver's Home Address**: _____

**Note: Cards will not be issued to caregivers who are residents in the Auburn Bay community.

Resident's who will be entering the park with the caregiver:

1. Name: _____ Age: _____

2. Name: _____ Age: _____

3. Name: _____ Age: _____

4. Name: _____ Age: _____

I, _____ permit _____ to enter the Auburn Bay Residents Association park and facility and use the Auburn Bay Residents Association amenities with only the above-mentioned residents. I assume full responsibility for my caregiver and residents and their actions at all times while they are accessing any of the Auburn Bay amenities. I am aware that all members and guests are permitted to use the Auburn Bay Residents Association amenities at their own risk and are subject to the ABRA rules and regulations. I am aware that my caregiver is not permitted to rent boats, SUP boards, or sign in non-resident guests.

Dated this _____ day of _____, 20____.

Member's Signature