



## DELEGATION OF PARENTAL POWER

The attached form must be completed, notarized and returned to the club to allow a child that is 11 years old or younger to use the facility and be supervised by a person other than the parent or legal guardian.

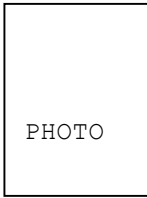
The following guidelines will also be followed:

- Caregiver may use the outdoor pool, indoor pool during family hours and specified courts during family hours.
- Caregiver must stay with child at all times.
- Guest fees apply for all non-members.
- Child may not use child care center.

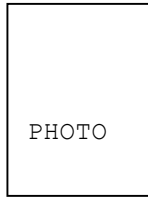
DELEGATION OF PARENTAL POWERS

We, \_\_\_\_\_ and \_\_\_\_\_, of \_\_\_\_\_, hereby execute this Delegation of Parental Powers with the intention that the attorney-in-fact hereinafter named shall be able to act in our place as parents for our children,

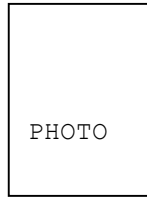
\_\_\_\_\_, as set forth herein.



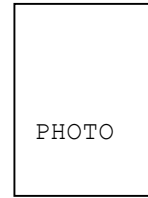
Name



Name



Name



Name

**SECTION 1. Appointment of Attorney-in-Fact.**

1.01 We appoint \_\_\_\_\_ to be our attorney-in-fact to act for us, in our name, and in our place.

**SECTION 2. Effective Date and Duration.**

2.01 This Delegation of Parental Powers is given pursuant to Act No. 51 of Michigan Public Acts of 1979. This Delegation of Parental Powers expires six (6) months from the date hereof unless sooner revoked by us.

**SECTION 3. Powers.**

3.01 Our attorney-in-fact shall have full powers to do anything and everything required for our children's care, custody, and property. These powers shall include, but not be limited to, the powers set forth below.

3.02 Our attorney-in-fact shall have the power to give parental consent to any medical care, diagnosis, surgical procedure, and treatment of any type.

3.03 Our attorney-in-fact shall have the power to give parental consent to any dental procedure.

3.04 Our attorney-in-fact shall have the power to give parental consent to admission to any hospital or medical center.

3.05 Our attorney-in-fact shall have the power to give parental consent to the use of any drugs, medication, therapeutic devices, or other items related to our children's health.

3.06 Our attorney-in-fact shall have the power to expend all necessary amounts in connection with the exercise of the powers described herein and to seek reimbursement therefore from any funds or insurance to which our children may be entitled.

3.07 Our attorney-in-fact in general shall have the power to do any and all things we as parents might do on behalf of our children, except the power to consent to adoption or marriage.

SECTION 4. Physician, Hospital, and Insurance.

4.01 Our children's physician is

\_\_\_\_\_.

4.02 Hospital and medical records concerning our children are located at

\_\_\_\_\_ Hospital.

4.03 Our medical/hospital insurance carrier

\_\_\_\_\_, and our policy number

\_\_\_\_\_.

SECTION 5. Ratification; Use of Photocopy.

5.01 We ratify all acts undertaken hereunder by our attorney-in-fact.

5.02 A photocopy of this document shall be considered as valid as the original.

We have signed this Delegation of Parental Power this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

WITNESSES:

PARENTS:

\_\_\_\_\_  
\_\_\_\_\_

STATE OF MICHIGAN)

)SS

COUNTY OF OAKLAND)

On this \_\_\_\_\_ day of \_\_\_\_\_, A.D.,  
2008, before me, a Notary Public, personally appeared  
\_\_\_\_\_ and  
\_\_\_\_\_, to me known to be the  
same persons described in and who executed the  
foregoing agreement, and who acknowledged to me that  
they executed the same as their free and voluntary act  
and deed.

\_\_\_\_\_  
Notary Public