



GREATER HOUSTON POOL MANAGEMENT
www.greaterhoustonpool.com

2012 PARENT AUTHORIZATION FORM
(Only required for employees 17 and under)

Parents: Please review, sign and return this form to the GHPMI office by your child's orientation date.

GHPMI encourages parental involvement with your child's employment. We have a section on our website that contains information specifically for parents.

Please understand that although we encourage parental involvement, it is the policy of GHPMI to speak only with our employees regarding specific employment matters even though they are a minor. If our employee wishes to involve his/her parent/guardian, the employee must submit written consent to the Human Resource Department.

I understand that the expectations for my child while employed with GHPMI are:

- Register and submit payment for an American Red Cross Lifeguard certification class. Class includes training in Lifeguarding Training/First Aid, CPR/AED for Lifeguards, and Bloodborne Pathogen training. I understand that my child is expected to register within one week of their orientation.
- To wear the GHPMI uniform (includes one-piece suit, shirt, whistle, pocket mask and safety pack) at all times while on duty.
- Attend, complete and pass all GHPMI trainings including the Company Online Review, On-site training, weekly state mandatory physical/on-line in-service trainings for June, July and August)
- Work at a GHPMI pool from the beginning of the 2012 season to September 30, 2012 or previously agreed upon finish date.
- Work weekends in May, August and September and weekdays after school in August.
- Lifeguard on holiday weekends (Memorial Day, July 4th, and Labor Day) or complete the Holiday Request Form on the GHPMI website at least 30 days before if he/she is unable to work a required holiday. Employee must receive written approval from their Regional Director.
- Submit a two (2) week written request for vacation time.

By signing this document, I affirm that my child is in good physical condition and does not have any conditions that would limit his/her ability to perform all lifeguard functions. I understand that my child must disclose to GHPMI any medical conditions that would limit his/her ability to fully perform his/her job duties.

Employee (**PRINT** name)

Employee Signature

Date

Parent/Guardian (**PRINT**)

Parent/Guardian Signature

Bring to your orientation or mail to:
Greater Houston Pool Management, Inc.
ATTN: Human Resource Department
12227 Old Huffmeister Road
Cypress, TX 77429