



HOPATCONG HOMESTEADS BEACH ASSOCIATION

CAREGIVER ADDENDUM

Purpose:

To allow the beach members of HHBA full usage of the beach for their family when the need for a caregiver warrants it. To have this individual act as the responsible adult representing the family while their children are in their care.

Action:

- 1) To have a caregiver who is representing the family while the children are in their care, they will utilize one of the family badges in place of the parent/guardian. One additional badge will be provided for the caregiver and is to be used only when caregiver is with the children of the member at HHBA.
- 2) The member will contact HHBA regarding their caregiver needs as well as the child(ren)'s name(s).
- 3) It is understood that caregiver cannot utilize this badge without the presence of the children.
- 4) The caregiver must be at least 16 years of age.
- 5) The caregiver will wear the beach badge in clear view.
- 6) The family and representative caregiver are fully aware there will be no lifeguard on duty or the premises of HHBA. The responsibility for care and supervision is on the family and the caregiver noted in this application.
- 7) The family agrees to have a family emergency plan in place when caregiver is present at HHBA.

Result:

The caregiver takes place of the parent/guardian while parent/guardian fulfills their job responsibilities outside the home. To become more flexible in today's society when the need for a one or two family income is necessary. This will allow the family to utilize the beach facilities for their children during the summer months when the need for a caregiver arises. **Please note that HHBA will not have a lifeguard on premises for 2024 Season.**



HOPATCONG HOMSTEADS BEACH ASSOCIATION
2024
CAREGIVER ADDENDUM

Registered Family Name: _____

Name of Family Caregiver: _____

Age of Family Caregiver: _____

I have read the Caregiver addendum, am fully aware there is no lifeguard on duty or on premises of HHBA property at One Mariner Road, Hopatcong, NJ, and agree to abide by the Rules & Regulations of HHBA. I am also confirming that I have a family plan in place in case of an emergency:

(signature)

(date)

Please return to:

Hopatcong Homesteads Beach Association, Inc.
PO Box 379
Hopatcong, NJ 07843