



Country Place Condominium Association Swim Club

REGISTRATION FORM YEAR 2013

You may pick up your pool pass, after May 25, from the lifeguard

(Required) NUMBER OF BEDROOMS _____

Owner Tenant Unit Address: _____

<input type="checkbox"/> Name	_____	Age	_____	Free
<input type="checkbox"/> Name	_____	Age	_____	Free
<input type="checkbox"/> Name	_____	Age	_____	Free
<input type="checkbox"/> Name	_____	Age	_____	Free

Guest Passes Maximum 2 per unit. Paid in advance! \$ 25.00 Each \$ _____

Total: _____

You must return this form by May 20, 2013

Pool Registration for Residents only!

1. All Occupants, living in the Unit must register with this form in order to obtain a pool pass.
2. All Units, unit maximum (4) four free passes.
3. **NO PASSES** will be issued to any one not listed on this list or to units in arrears. All fees, including late fees and collection fees must be paid.
4. Guest Passes are available for \$25.00 per person, per season. Limit two (2) per unit.
5. **No one under the age of 14 permitted at pool with out a parent.**

Method of Payment for Guest Passes: A check or money order must accompany this application.

Name

Pool Open: 12 Noon to 7:00 PM

Unit Address

**May 25 to June15– Weekends Only
June 16 through September 2 Daily**

Phone

All persons making use of Facilities and Guest Pass privileges and using any of the recreational facilities agree to abide by the Rules and Regulations for use of the facilities. Use of facilities is at the user's risk. The Association assumes no liability for injury or damage to person or property arising from use of the facilities except for gross negligence or intentional wrong doing on the part of the Association. Guests will be permitted to use the pool only when escorted in by a Facilities Pass holder, unless other arrangements have been made with the appropriate Association personnel. Facilities Passes and Guest Passes are property of the Association, are not transferable and may be revoked or suspended at any time by the Association.

By signing below I acknowledge the Association's pool policies. I also understand that all registrations must be updated each year, or sooner in case of a change in circumstances, The Association will provide a Pool Pass. I further certify the information I have provided is true to the best of my knowledge.

X Sign Here _____ Date: _____

Signature

