

THALIA WAYSIDE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.
2016 SEASON POOL PASS APPLICATION

FOR GUESTS ONLY (NOT TO EXCEED 5 PER HOUSEHOLD)

Rev: 2018

SEASON PASS Fee \$10.00

Please print all information legibly

Any false information provided may result in denial or revocation of passes

Address _____ Email _____

Phone _____ Mobile _____ Emergency _____

ADULTS (over 18)

Full Name

Pass No.

(office use)

CHILDREN

First Name

Last Name

Age

Date of Birth

Pass No.

(office use)

LIST ANY HEALTH CONDITIONS AND SPECIFY PERSON AFFECTED

*******Do NOT sign below until you've received your pool passes!*******

I acknowledge that I have received and read/will read the Thalia Wayside Pool Rules & Regulations. I/we agree to follow these rules and understand that any non-compliance of the rules or misstatements herein may result in cancellation of the violator's pool pass until such time as the Board of Directors of TWTHA shall re-issue same. And, in compliance with Item 1 of Health Regulations, I will notify the lifeguard of any serious health conditions prior to using the pool facilities.

Name

Signature

Date

Email: [The Select Group](#)