

THALIA WAYSIDE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.
2018 POOL PASS APPLICATION

FOR RESIDENTS ONLY (NOT TO EXCEED 7 PERSONS PER HOUSEHOLD)

Please print all information legibly

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

Owner _____ Tenant _____

Address _____ Email _____

Phone _____ Mobile/Cell _____

<u>ADULTS (over 18)</u>	<u>Full Name</u>	<u>Emergency Phone</u>	<u>Pass No.</u> <i>(office use)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CHILDREN

<u>First Name</u>	<u>Last Name</u>	<u>Age</u>	<u>DOB</u>	<u>Emergency #</u>	<u>Pass No.</u> <i>(office use)</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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.

Email Document To: The Select Group:

Name (print) Signature Date

ID _____ LEASE _____
P _____ CALLED _____