

Swimming Pool Registration

Swimming Pool Passes are valid from Memorial Day weekend thru Labor Day for the year issued. Do not discard passes. New stickers will update them each year. Passes allow seasonal use of the pool and must be given to the lifeguard at the entrance to the pool upon entering. You must sign in/out for each visit. Instructions to obtain Passes are on the reverse side of this form.

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Each household in good standing (passes will not be issued to anyone with an outstanding balance on their respective assessment account or otherwise in not good standing) will be issued pool passes at no charge on a one-time basis. A replacement charge of \$5.00 per pass will be assessed for previously issued lost/mutilated passes. No charge will be assessed for passes in poor condition thru fair, wear and tear as judged by the issuing authority. It is the responsibility of Community Association members to ensure that passes are only used by the eligible residents listed below and in accordance with Pool Rules published on www.leelandstation.org.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) optional \_\_\_\_\_

Email: \_\_\_\_\_

Please initial any that apply:

- \_\_\_\_\_ I have never registered for pool passes. Please process new passes.
\_\_\_\_\_ I already have pool passes. Please validate for current year.
\_\_\_\_\_ I rent my home. I assign privileges to tenants listed below. Note: Lease Agreement must be enclosed.
\_\_\_\_\_ I declare a guardian (minor child care alternate) as follows: \_\_\_\_\_ (Uses Guest Pass)
\_\_\_\_\_ I wish to purchase a Ten Punch Guest Pass and have enclosed a check for \$20.00 to Leeland Station Community Association

(Circle One)

Resident/Tenant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Resident/Tenant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have read and fully understand the Leeland Station Community Association governing documents and Pool Policy & Rules as published on www.leelandstation.org. I certify that the residents/tenants listed above shall abide by these governing documents; are in proper physical condition and good health to safely use the swimming pool and facilities; shall assume personal responsibility for undertaking appropriate due care in mitigating the inherent personal risks of injury when using the swimming pool and facilities; and that I am in good standing. I understand that pool memberships may be revoked if I should lose my good standing status.

Signature of Lot Owner(s) \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

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For Management Use Only

Number Pool/Guest Passes issued \_\_\_\_\_/\_\_\_\_\_ Date Processed \_\_\_\_\_