

Old Orchard I Homeowners Association

Pool Pass Registration Form

In consideration of the provided swimming pool facility privileges, the undersigned expressly agrees to assume the risk and indemnify the Association for any costs and fees (including attorney fees) incurred as a result of any accidents or personal injury which he/she or any member of their family or of any guest, invitee, babysitter, or caregiver of the undersigned may sustain while using the facilities and agrees that the Old Orchard I HOA will in no way be liable for any such injury.

Instructions for obtaining a seasonal pool pass: Member or authorized tenant shall complete the registration form below, bring a photo ID and proof of residency (e.g., a current utility bill) to the clubhouse office on scheduled pool registration dates or anytime the pool is open for the season. Authorized tenants must also provide a letter from the Member assigning their right to use the clubhouse facility to the authorized tenants. **A current pool pass must be presented to the office staff in order to use the pool. No persons will be allowed entrance to the facility without a current pool pass.** Pool passes will be issued annually at no cost, providing the old pool card is returned. A fee of \$1.00 per card will be charged if the previous pool pass is not returned. Replacement cards for the current season will be provided for a fee of \$5.00.

Member or authorized tenant name: _____ Phone Number: _____

Address: _____ Other Emergency Phone: _____

Please list all other persons needing a pool pass below. **Pool Passes are only issued to persons residing at the address above.** All persons under the age of **10** will require accompaniment of an adult or caregiver over the age of 14 as defined in the OOI Pool and Clubhouse Rules.

Names of others residing at this address	Relationship	Birth Dates and Ages (Minor children only!)
1.		
2.		
3.		
4.		
5.		
6.		

I certify that I am a Member or Authorized Tenant of the Old Orchard I HOA and that all persons listed above reside at the above address. I have received (and/or have access to) the OOI Pool and Clubhouse Rules, and I agree to follow those Rules, and acknowledge responsibility to assure that my guests, invitees, babysitters, or caregivers follow the Rules as well.

Signature of Member or Authorized Tenant _____ Date: _____

Office staff initials: _____ Date: _____