

WATERFORD POA

Pool Access Application

(Please Print)

OWNER NAME: _____

OWNER NAME: _____

PROPERTY ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS (if different than above): **Check if N/A** _____

Street: _____

City: _____ State: _____ Zip: _____

PHONE NUMBERS:

Cell #1 _____ Cell #2 _____

EMAIL ADDRESS # 1. _____

EMAIL ADDRESS # 2. _____

CHILDREN: **Check if N/A** _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

I understand that amenity cards are nontransferable to any non-resident or to any other resident who may not be in good standing with the Association. I understand that my family, guests, and I utilize the pool at our own risk. I have also read the pool rules and I agree that my family, guests, and I will abide by the rules at all times. I understand that failure to abide by all pool rules and safety guidelines may result in the forfeiture of amenity privileges. I hold harmless the Waterford Property Owners Association for any injuries or liabilities from using the amenities.

Replacement pool card - \$50.00

Signature _____ **Date** _____

Signature _____ **Date** _____