

# WOODGLEN HOMEOWNERS ASSOCIATION POOL MEMBERSHIP

PRINT LAST NAME \_\_\_\_\_ PRINT FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

EMERGENCY CONTACT NAME AND PHONE # \_\_\_\_\_

**NOTE: CHILDREN UNDER THE AGE OF SIXTEEN (16) MUST BE SUPERVISED BY AN ADULT 18 YEARS OF AGE OR OLDER. MEMBERS ARE RESPONSIBLE FOR THEIR GUESTS. THE POOL IS "SWIM-AT-YOUR-OWN-RISK". BY SIGNING THIS FORM YOU ACKNOWLEDGE THE POOL AREA HAS SECURITY SURVEILLANCE INCLUDING, BUT NOT LIMITED TO, VIDEO SURVEILLANCE.**

## MEMBERS 16 YEARS AND OLDER

NAME (Print)	BIRTH DATE	NAME (Print)	BIRTH DATE
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

## MEMBERS 15 YEARS OF AGE AND YOUNGER

NAME (Print)	BIRTH DATE	NAME (Print)	BIRTH DATE
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

INFORMATION PROVIDED ABOVE I CLAIM TO BE TRUE. FALSE INFORMATION MAY RESULT IN SUSPENSION OF THE USE OF THE WOODGLEN HOMEOWNERS ASSOCIATION POOL FACILITIES. BY SIGNING I ACKNOWLEDGE THE ABOVE INFORMATION TO BE TRUE.

MEMBER NAME (Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_