

**THALIA WAYSIDE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.  
2016 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 Name** \_\_\_\_\_ **Tenant Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Mobile/Cell** \_\_\_\_\_

**ADULTS (over 18)**

<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.

\_\_\_\_\_  
Name Signature Date