

**THALIA WAYSIDE TOWNHOMES HOMEOWNERS ASSOCIATION, INC.**  
**2016 SEASON POOL PASS APPLICATION**

FOR GUESTS ONLY (NOT TO EXCEED 5 PER HOUSEHOLD)

***SEASON PASS Fee \$10.00***

*Please print all information legibly*  
*Any false information provided may result in denial or revocation of passes*

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Emergency \_\_\_\_\_

<b><u>ADULTS</u> (over 18)</b>	<b><u>Full Name</u></b>	<b><u>Pass No.</u></b> <i>(office use)</i>
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**CHILDREN**

<b><u>First Name</u></b>	<b><u>Last Name</u></b>	<b><u>Age</u></b>	<b><u>Date of Birth</u></b>	<b><u>Pass No.</u></b> <i>(office use)</i>
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**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 TWTWA 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