

Cass Station Home Owners Association

Household Pool Pass Form

One form for each household address. Please type or print information legibly.

Street Address: _____	Zip Code: _____
Email Address: _____	Home Phone: _____
Do you: Own Home _____ Rent Home: _____ <i>Amenities Release From from owner is required for tenants.</i>	

PRIMARY ADULT: *Office Use Only* Pass Number: _____

Legal Name: _____
First Name Middle Name Last Name

Gender: Male: _____ Female: _____ Work Phone: _____

Date of Birth: _____ Cell Phone: _____
mm/dd/yyyy

SECONDARY ADULT: *Office Use Only* Pass Number: _____

Legal Name: _____
First Name Middle Name Last Name

Gender: Male: _____ Female: _____ Work Phone: _____

Date of Birth: _____ Cell Phone: _____
mm/dd/yyyy

ADDITIONAL HOUSEHOLD MEMBERS: *Only persons residing at address. Persons 23+ require proof of residency.*

First Name	Middle Name	Last Name	Date of Birth mm/dd/yyyy	Gender M/F
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

HOUSEHOLD EMERGENCY CONTACT <i>Must be someone NOT already listed on this form</i>
Name: _____
Relationship: _____
Home Phone: _____
Other Phone: _____

It is understood that some recreation activities, including but not limited to, swimming, aerobic exercise, running and exposure to sunlight involve an element of risk or danger of accidents, skin cancer and/or drowning, and knowing those risks, I hereby assume those risks. It is further understood and agreed upon that this assumption of risk to be binding on my heirs, assigns and all persons living in my household.

<i>Office Use Only</i>	
Address Verified: _____	Amenities Release: _____
Liability Waiver by/Date: _____	_____
Membership Verified by/Date _____	_____

Signature of Primary Adult

Date

The Board may ask for a resubmitted form to ensure up-to-date information.