

SHERWOOD MANOR HOMES ASSOCIATION
POOL MEMBERSHIP APPLICATION

MEMBERSHIP PERIOD: _____

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone () _____ Work Phone: () _____ Cell: () _____

Email Address: _____

Note: This application is for a household of 5 members. Household members are only those living at the residence listed above. \$15.00 will be charged for each additional member. Proof of residency may be required. Additional member information is to be provided on page 2.

Name (Last, First, MI) Age if under 18

1. _____ _____

2. _____ _____

3. _____ _____

4. _____ _____

5. _____ _____

EMERGENCY MEDICAL CONTACT:

Name: _____ Relationship: _____

Telephone Contact Numbers(s): _____

This membership fee of \$_____ entitles those members listed above to use the Sherwood Manor Homes Association (SMHA) pool subject to the pool rules. Authorized users on this form are the only persons who are eligible to use this facility. Up to 6 guests per day are permitted with a fee of \$2.00 per guest per day. This membership can be terminated for cause at the discretion of the SMHA Board of Directors. The membership fee is non-refundable.

I have received, read and agree to comply with the SMHA pool rules.

User shall hold harmless and indemnify Sherwood Manor Homes Association, SMHA directors and employees, and the SMHA property management company from any and all claims that may arise from the use of the pool and pool area.

X _____ Date: _____

Signature of Applicant

Rcvd. Pool Rules _____ (Initials) Completed Med. Emergency Form _____ (Initials)

Signature of SMHA Representative Position: _____ Date: _____

Received \$_____ in ___ Cash ___ Check ___ Other

Completed Medical Emergency form Received _____ (SMHA Initials)

Name (Last, First, MI)

Age if under 18
