

Sherwood Manor Homes Association (SMHA) Pool Registration Form

Address, name(s), and contact information of homeowner(s)/renter(s) registering to use the SMHA pool:

Address: _____

Name: _____ Contact phone #: _____

Email: _____

Name: _____ Contact phone#: _____

Email: _____

Names of all additional persons at this address:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name_____Age_____

Name_____Age_____

I assume all risk and liability for myself and the above listed persons. I agree to hold harmless and indemnify Sherwood Manor Homes Association, SMHA directors and employees, and the SMHA property management company for any and all claims that may arise from the use of the pool and pool area.

Printed name	Date	Signature
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Printed name _____ Date _____ Signature _____

HOA USE ONLY

Owner Proof of Identify: Valid Government Issued I.D. with picture _____
Renter Proof of Identity: Valid Government Issued I.D. with picture _____ Proof of address in SMHA: _____ Rental agreement or _____ Utility bill
Owner/Renter provided with copy of pool rules: _____ yes SMHA received completed Household Medical Emergency Form: _____ yes
Signature of SMHA staff/representative: _____ Date: _____

****All future additions to this registration form must be approved by the Board of Directors.**