

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 _____

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 _____

Printed name _____ Date _____ Signature _____

HOA USE ONLY

Owner Proof of Identity: 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.

Revised April 2024