

Four Seasons Homeowners Association

Pool Registration

Last Name: _____
 Address: _____
 Home Phone: _____
 Mobile Phone: _____
 Work Phone: _____

Membership:
 Initial _____ \$ 250.00
 Family _____ \$ 125.00
 Adult _____ \$ 75.00
 2-WK _____ \$ 50.00

List family members who will use the pool facilities:

Prepaid _____
 Check _____
 Cash: _____

Name:	Age:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Key Received: _____
(lost key replacement \$25.00) Initial

Emergency Contact:

Name: _____
 Phone: _____
 Relationship: _____

Four Seasons Homeowners' Association Pool Membership Agreement:
 I have read the Four Seasons Homeowners Association Pool Facilities document in the Association Handbook and have discussed the swimming pool and spa pool rules included there with each member of my family. We understand that pool members must follow the rules, which are enforced by the Four Seasons Board of Directors, Pool Managers and paid monitors, or risk suspension of pool privileges as explained in the handbook (also available at www.fourseasonshoa.org)

Homeowner's signature: _____ Date: _____
 Renter's signature (if applicable) _____ Date: _____