

**SALEM FIELDS**  
**Community Association**  
**Resident Pass Application 2017**

Resident passes are to gain admission to the Community Center and Pool. Cards will be issued to residents in good standing, (fees current and no outstanding violations). New Residents and dependents 3 years old and over will be issued first time passes at no charge. The replacement charge for lost or damaged passes will be \$5.00 for each lost/damaged pass.

PLEASE NOTE: Passes will not be issued to any Renter without a current lease of file with the Management Office. Passes will not be issued to anyone with an outstanding balance on their assessment account or outstanding violations.

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

**Residents 18 and older – Green Pass**

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

**Residents age 16 & 17 – Pink Pass**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Residents age 12-15 – Orange Pass**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Residents age 3-11 – Yellow Pass**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

The holders of these passes agree to abide by the Declaration of Salem Fields Community Association and the rules and regulations which govern activities of the pool and other facilities. I understand this membership may be revoked if such Declaration, rules, and regulations are not adhered to. Alcohol is not permitted at any time. I certify that all holders of this pass are in proper physical condition and good health to safely use these facilities, and all holders assume personal responsibility for undertaking the appropriate due care in mitigating the inherent personal risks of injury when using the swimming pool and other facilities. I certify that all individuals listed above have read and/or fully understand the rules and regulations, and that I am a member of the Association in good standing (i.e. all assessments are paid in full; I am not in violation of any architectural guidelines, etc.). I understand that these memberships may be revoked if I should lose my "good standing" status.

\_\_\_\_\_ I have received a copy of the Pool Rules and Regulations/Staff Initials \_\_\_\_\_

**Signature of Resident:** \_\_\_\_\_ **Date:** \_\_\_\_\_