

SALEM FIELDS COMMUNITY ASSOCIATION

RESIDENT POOL PASS APPLICATION 2018

Resident pool passes are required in order to gain admission into the SFCA Community Center and Pool. Pool pass cards will be issued to residents in good standing, (account current and no outstanding violations). All pass holders and guests 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. 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: ALL resident applicants will be required to show proof of SFCA residency. Passes will not be issued to any Renter without a current lease on file with the Management Office.**

PLEASE READ CAREFULLY. PLEASE PRINT AND FILL ALL BLANKS IN COMPLETELY.

Owner or Renter (Circle One)

Phone:
Email:

Street Address:

Emergency Contact:

Emergency Phone :

<input type="text"/>
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Residents ages 18 & Older - Green Pass

Name:
Name:
Name:

DOB:
DOB:
DOB:

Number of Green Passes

Residents ages 16 & 17 - Pink Pass

Name:
Name:
Name:

DOB:
DOB:
DOB:

Number of Pink Passes

Residents ages 12 - 15 - Orange Pass

Name:
Name:
Name:

DOB:
DOB:
DOB:

Number of Orange Passes

Residents ages 3 - 11 - Yellow Pass

Name:
Name:
Name:

DOB:
DOB:
DOB:

Number of Yellow Passes

I have received a copy of the SFCA Pool Rules & Regulations. I have read and fully understand the pool rules and regulations. I understand this membership may be revoked if such Declaration, rules, and regulations are not adhered to. 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 at any time if I should lose my "good standing" status.

RESIDENT SIGNATURE:

PROCESSED BY STAFF / VOLUNTEER:

DATE:

DATE: