

LIBERTY GLEN AMENITIES SWIMMING POOL REGISTRATION

Homeowner Name:	Resident Name (Parent/Legal Guardian if children in Household)
Address:	Address:
City/State/Zip:	City/State/Zip:
Home Phone: XXX-XXX-XXXX	Home Phone: XXX-XXX-XXXX
Cell Phone: XXX-XXX-XXXX	Cell Phone: XXX-XXX-XXXX
Email Address:	Email Address:

ALL PERSONS LIVING AT THIS RESIDENCE:

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>

EMERGENCY CONTACT:

Name:	Phone Number: XXX-XXX-XXXX
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The undersigned has received a copy of the pool rules and agrees to abide by and follow them while using the Liberty Glen pool. They also agree to respect pool management employees, in particular, the lifeguard on duty and gate attendant, and follow direction given to them for the safety and security of all pool users.

Printed Name:	Printed Name:
Signature:	Signature:
Date:	Date:
Homeowner association fees are current as of Date: Verified by:	Pool Card Number: