

INDIAN LAKES ASSOCIATION POOL APPLICATION

CHECK ONE: OWNER: _____ OR TENANT: _____

ADDRESS OF THE UNIT: _____

OWNER NAME: _____

TENANT NAME: _____

HOME PHONE _____ CELL PHONE _____

BUISNESS PHONE _____

PLEASE ISSUE A QR CODE FOR THE FOLLOWING:

<u>NAME</u>	<u>ADULT OR CHILD</u>	<u>EMAIL ADDRES</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ **NUMBER:** _____

LIST ANY POTENTIAL LIFE-THREATENING MEDICAL CONDITIONS FOR EACH OF THE ABOVE PERSONS:

FOR CHILDREN UP TO AGE NINE: THE FOLLOWING CHILDREN (ALSO LISTED ABOVE) MAY ENTER THE POOL AREA WITH A NON -RESIDENT CHILD CARE PROVIDED THIS INCLUDESNON-RESIDENT FAMILY MEMBERS.

FOR CHILDREN AGES 9-15: THE FOLLOWING CHILDREN (ALSO LISTED ABOVE) MAY BRING GUESTS INTO THE POOL AREA IN ACCORDANCE WITH ILA RULES AND REGULATIONS:

I AM FAMILIAR WITH ALL ILA FACILITY RULES ANO REGULATIONS ANO AGREE TO ABIDE BY ALL SUCH RULES, FURTHER, I AGREE TO ENSURE THAT ALL MEMBERS OF MY HOUSEHOLD AND GUESTS ARE FULLY INFORMED OF THE ILA RULES PRIOR TO THEIR USE OF ANY FACILITY.

OWNER/LEASEHOLDER SIGNATURE _____ DATE: _____