Plantations Two Community Association, Inc.

2025 - RESIDENT Pool Membership -- Information Sheet

Please **PRINT** or type. **FORM** must be completed & signed to process your membership.

| TYPE OF PASS (check one): TYPE OF RESIDENT (check one): *I am allowing my tenant use of n | Renewal New Owner* Tenant (must receive Owner's approval) * ny pool membership (insert your name & sign approval below): |
|---|--|
| Print Owner's Name: | Approval Signature: |
| RESIDENT POOL MEMBER CONTAC | |
| Street Address: | |
| Phone(s): Home: | Cell(s): |
| Email(s): | |
| ALL INDIVIDUALS MUST E | BE FULL-TIME RESIDENTS at the Member's listed address. |

Proof-of-Residence is <u>Required for OTHER ADULTS</u> & can be requested for any member listed.*

| ADULTS (First & Last name of only two adults owner, spouse, partner, etc.): | CHILDREN (First & Last name of all children under 22 years of age): | Date of Birth | Permission Age 12-14** |
|--|---|------------------|---------------------------|
| | | | Yes 🗌 No 🗌 |
| | | | Yes 🗌 No 🗌 |
| OTHER ADULTS (age 22 & over) (First & Last name & provide ID*): | | | Yes No |
| | | | Yes No |
| | | | Yes 🗌 No 🗌 |
| | | | Yes 🗌 No 🗌 |
| *Proof-of-residence (i.e., driver's license, utility bill, etc.) is required for all Other Adults & <u>must</u> <u>be submitted with this form</u> . Admittance to the pool <u>will not be granted</u> to the individuals until their proof-of-residence is provided. | **All children under age 12 must be accompanied by an adult member. Children ages <u>12 through 14</u> may be admitted to the pool <u>unaccompanied by an adult</u> <u>when</u> (a) they <u>pass a swim test</u> administered by the pool manager or lifeguard, and (b) when a <u>parent or guardian</u> indicates permission <u>by checking YES</u> next to the minor child's name and signing the permission statement below. | | |

I hereby give my permission for the above-named children (ages 12-14); to be admitted to the pool unaccompanied by an adult after they have passed the required swim test administered by the Pool Manager or Lifeguard.

Parent/Guardian Signature: _____ Date: _____

CAREGIVER PASS

Cost = \$75.00 per Caregiver, per Season, with Restricted Access

(See restrictions & payment instructions on the Resident 2024 Pool Season Information Sheet.)

First & Last Name: _____ Birth Date: _____

First & Last Name: _____ Birth Date: ______

I have read and understand the Plantations Two Swimming Pool Rules & Operating Policy.

Member Signature: Date: