



# Hampton Park Community Association Pool Registration

Owner Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Co-Owner Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Street Address: \_\_\_\_\_

Emergency Contact (If other than parent):

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

### CHILDREN/DEPENDENTS – Must be permanent residents of the household

Babysitters, Nannies and extended family (living in the household for the Summer) must purchase a babysitter/extended family member pass. Contact On-Site or Off-Site Manager for further details.

<u>First/Last Name of Children</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Staff verify DOB Initial</u>	<u>Pass Issue Date</u>	<u>Pass Issue by</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

By completing this form you acknowledge that you agree to comply with Hampton Park’s pool policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only:</b>	
Received by: _____	Date: _____
Visitor Pass issued by: _____	Date: _____
Pool Passes issued by: _____	Date: _____