

CLAYTON HOME OWNERS ASSOCIATION INC  
POOL PASS REGISTRATION FORM

ADDRESS: \_\_\_\_\_

OWN HOME: \_\_\_\_\_ RENT/LEASE HOME: \_\_\_\_\_

HUSBAND'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

WIFE'S LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CHILDREN'S NAMES: \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ HUSBAND'S WORK PHONE: \_\_\_\_\_

WIFE'S WORK PHONE: \_\_\_\_\_

**IN CASE OF AN EMERGENCY, CONTACT:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICAL INFORMATION ON FAMILY MEMBERS:( i.e.; allergies, medication, etc)

\_\_\_\_\_  
\_\_\_\_\_

**IF LEASING/RENTING HOME:**

OWNERS NAME: \_\_\_\_\_

OWNERS ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**PLEASE READ AND SIGN THE BACK OF THIS PAGE.**

- NOTES: 1. NO ONE WILL BE ALLOWED IN THE POOL AREA WITHOUT A VALID POOL ID CARD.
2. MAINTENANCE ACCOUNT FOR PROPERTY MUST BE PAID IN FULL TO REGISTER FOR POOL PASSES.
3. THERE WILL BE NO EXCEPTIONS TO THE PROCEDURES.
4. READ AND RETAIN A COPY OF THE POOL RULES AND REGULATIONS OF THE CLAYTON HOME OWNERS ASSN INC.

I, the undersigned, do hereby acknowledge receipt of a copy of the rules and regulations for the pool of the Clayton Home Owners Association, Inc. and hereby represent that I have read and understand the rules and regulations herein. I further agree that I shall require compliance with the rules set forth above and all general pool rules and regulations, by each of my co-residents or guests, and that ignorance of the rules shall never be a defense to any violation thereof. I also agree to hold Clayton Home Owners Association, Inc., its pool management company, and its management company, Property Masters, Inc., harmless for any accidents, thefts, or any other liability which may occur.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Email Address: \_\_\_\_\_

Please Print Very Clearly