

# Revised 2020 Covington Woods Pool Tags Application

HAVE CURRENT 2019 TAGS \_\_\_\_\_ NEED 2020 TEMPORARY PASS \_\_\_\_\_

OCCUPIED BY: HOMEOWNER \_\_\_\_\_ TENANT \_\_\_\_\_

\_\_\_\_\_  
PROPERTY ADDRESS

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

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

<u>NAME</u>	<u>AGE</u>	<u>EMERGENCY NUMBER</u>	<u>POOL TAG #</u>

I affirm that all information on this application is true, and that all those listed on this form are full-time residents of Covington Woods at the address listed above. I also agree that the residents and guests of the household agree to abide by Covington Woods rules and regulations regarding the use of facilities.

**POOL TAGS WILL NOT BE VALIDATED UNLESS ALL ASSOCIATION ASSESSMENTS ARE PAID IN FULL**

TO OBTAIN A 2020 TEMPORARY PASS, PLEASE RETURN THE REGISTRATION FORM BY MAIL TO MASC AUSTIN PROPERITES, INC. – 945 ELDRIDGE ROAD, SUGAR LAND TEXAS, 77478 – BY EMAIL [vnavarrete@mascapi.com](mailto:vnavarrete@mascapi.com) OR BY FAX 713.776.1777.

**LIFEGUARDS HAVE FINAL AUTHORITY!**

- **The danger of exposure to the coronavirus that caused Covid-19 exists.**
- **Be entering the pool, you take responsibility for your own protection and for disinfecting your hands and anything you touch in the pool area.**
- **You will not use the pool if you have tested positive for or diagnosed with Covid-19 or were exposed to someone with Covid-19 or suspected of having Covid-19 in the last 14 days.**
- **You will not use the pool if you have a cough, fever, shortness of breath or other symptoms of the illness.**
- **You will maintain at least 6 feet at all times (in and out of the pool) between you and other people who are not part of your household.**
- **Face coverings are recommended when you are not in the swimming pool. DO NOT USE FACE COVERINGS IN THE WATER.**
- **You will abide by all signage and social distancing designations.**

**AS PREVIOUSLY STATED IN THE 2019 POOL FORM. PLEASE RETAIN YOUR POOL TAGS FOR FUTURE USE**

**I ACKNOWLEDGE that I have RECEIVED, READ AND AGREED to the COVINTON WOODS COMMUNITY ASSOCIATION, INC. 2020 SWIMMING POOL USE AGREEMENT AND WAIVER set forth in the ATTACHED DOCUMENT as a condition to the issuance and acceptance of pool tags.**

Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

\*\*\*\*\* **OFFICE USE ONLY** \*\*\*\*\*

*Current on assessments?* \_\_\_\_\_ *# pool tags validated* \_\_\_\_\_ *Temporary Pass Issued* \_\_\_\_\_

*Processed by:* \_\_\_\_\_

*Date:* \_\_\_\_\_