



Homeowners Association
1326 Fretz Dr Edmond, OK 73003
(405) 348-1436

Deer Creek Village Community Fitness Center & Pool Card Application Please type or print information legibly. *All Fields Are Required*

Deer Creek Village Homeowner Information:

Last Name: First Name:
Street Address: Edmond, OK 73013
Primary Phone: Alternate:
Primary E-Mail Address:
Alternate E-Mail Address:

Property Management Company: IF YOU RENT OR LEASE YOUR HOME

Company Name
Address: City State Zip
Primary Phone: Alternate:
Primary Contact: Title
Primary E-Mail Address:

Primary Resident &/or Tenant Household Members: (Only persons residing at this address)

Name DOB
Name DOB
Name DOB
Name DOB
Primary Phone: Email:

I/We do hereby assume all risk of injury to myself &/or tenants, &/or to my household /Tenant family members, and/or my/tenant guests and absolve and hold harmless Deer Creek Village Homeowners Association, Inc. and all of their employees, officers, and administrators, from any, and all, claims for losses, injuries, and/or consequential damages including attorney fees. I am aware that swimming is a strenuous activity with some inherent dangers and risks. I acknowledge that I have received, understand and agree to all Deer Creek Village Fitness Center & Pool Rules, Policies, and Procedures. I agree that if any of the information listed on this form changes, I will notify Deer Creek Village HOA immediately. It is also understood access to fitness center & pool may be revoked at any time for any violations of the Deer Creek Village CC&R's and/or not abiding by fitness center &/or pool rules.

Replacement Card: Yes [] No [] If Yes, Card # being replaced:

Reason for Replacement:

Pool Card Replacement Fee: \$60.00 Method of Payment: Check or Money Order

Homeowner's Signature: Date:

Property Management Authorization by: Date:

Primary Tenant's Signature: Date:

Please return the completed form with attached required proof of residency (any document with your name and Deer Creek Village home address on it) and copy of Dues Payment Receipt with Confirmation # for Replacement Card Fee to MADELSJUAN@neighborhoodsplus.com Upon receipt of completed form we will contact you to schedule date & time to receive your pool card.

Method of Payment: Check or Money Order Receipt #: Date:

COMPLETED BY MANAGEMENT
Date Application Received: Proof of Residency:
Approved By: Card # Code # Issued On

Replacement Card: Yes [] No [] If Yes, Card # being replaced:# Confirmation # Date:

I acknowledge receipt of: CARD # With Card Code and understand only one (1) card per household and if a replacement card, original card issued will be deactivated.

I, Received Card # Date

(Name of Household Member)