

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>	

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 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:* _____