

Plantations Two Community Association, Inc. Outside Pool Member Information Sheet

Please print or type. ALL information must be completed to process your pool pass(es).

Pass Renewal

New Member Issue

Pass ID Number (completed by HOA Pool Committee): _____

Member's Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Unlisted: Yes No

E-mail (For Communication purposes only): _____

Please list the names of all adult family members who should have a pool pass. An adult is anyone over the age of 16 prior to the beginning of the pool season. *If your child will turn 16 years old before Labor Day, or if you are a new member, please include a recent picture with this form so that an adult pass can be made.

Name (First & Last)	Pass previously issued?	New Pass Needed? *
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Number of children under 10 years of age: _____ (do not list these children below)

List the names and dates of birth for all children who reside with the pool member who should have a pool pass. A child may have his/her own pass when they turn 10 years old, have a parent's written permission and pass a swim test administered by the Pool Manager. **If your child will turn 10 before Labor day, or if you are a new member, please include a recent picture.

Name (First & Last)	Date of Birth	Have pass?	Need pass? **
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

I have read and understand both the Plantations II swimming pool rules/operating policy and financial policy (available online at www.plantationstwo.com). I also authorize the Pool Committee to issue pool passes to the above named child(ren), if any, and therefore give my permission for them to be admitted to the pool unaccompanied by an adult.

Member Signature

Date

Emergency Contact Information

In case of emergency the following person(s) should be contacted:

For Adult Pass

For Children's Pass

Name: _____

Name: _____

Phone: _____

Phone: _____