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

<u>Deer Creek Village Community Fitness Center & Pool Card Application</u>
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 inherit 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: _____
<u>Pool Card Replacement Fee: **$60.00**</u>   <u>Method of Payment: Check or Money Order</u>

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 StacyJ@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: _____

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Completed by Management

Date Application Received: _____ Proof of Residency: _____

Approved: ____ By: _____ Card #_____ Code #_____

Issued On_____

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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 #_____on _____
          (Name of Household Member)