

SULLY STATION COMMUNITY ASSOCIATION, INC.
2017 SWIMMING POOL REGISTRATION

5101 Sequoia Farms Dr.
Centreville, VA 20120

THIS FORM CAN BE RETURNED TO THE COMMUNITY CENTER OFFICE
WHEN COMPLETED

Name _____

Address _____

Phone Number (H) _____ (C) _____ (W) _____

Above applicant is a (check one): Resident Owner _____ Renter* _____

** If a renter, please list name and address of Landlord below and provide a current copy of the lease by May 1st*

IN CASE OF AN EMERGENCY CONTACT:

1. Name _____ (H) _____ (W) _____

Relationship _____ (C) _____

2. Name _____ (H) _____ (W) _____

Relationship _____ (C) _____

Additional applicants residing at (or otherwise qualifying through) the above address:

Names (Must reside at above address or be otherwise qualified under Pool rules.)	Age (If over 18, put "Adult")	Medical conditions (Allergies/physical limitations)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In consideration of using the Sully Station Community Association, Inc. Swimming Pool Facilities ("Pool") the applicant(s) agree(s) to abide by all policies, rules and regulations applicable to users of the Pool.

I hereby authorize the lifeguard staff of NV Pools Inc. to obtain emergency medical care for injuries or illness for my child that might occur while at the pool facility.

I personally certify that the above applicants reside at the address above or otherwise have a right to use the Pool under the current Pool rules.

Signature Date

<u>Association Use Only</u> Review Date: _____ Reviewer Initials: _____
