

## POOL KEY CARD REGISTRATION

Please read the pool rules and complete the application below.

Return to: pool@canyonlakehillspoa.org OR our mailbox at 1045 Scenic Dr.

Pool opening date posted at pool gate and on website: www.canyonlakehillspoa.org

Pool Rules: Hours of operation 10 AM - 8 PM DAILY FOR FAMILIES

9 AM -10 AM ADULT SWIM (EXERCISE WORKOUT)

(Hours subject to change due to weather or unforeseen circumstances)

- SWIM AT YOUR OWN RISK; NO LIFEGUARD ON DUTY
- Do NOT prop gates open for non-members
- Do NOT open gate to others without their own key card
- You agree to supervise all children in your group while in the confines of pool area
- All toddlers and babies must wear proper waterproof diapers and swimwear while in pool area. Please dispose of diapers properly
- No cutoffs or dark colored t-shirts allowed to be worn in the pool
- Please apply sunscreens at home; sunscreen is recommended for all swimmers
- Any incidents of fecal matter / vomit must be reported immediately to 830 237-4946
- Profanity, loud music, running, horseplay, spitting, and pool games are NOT permitted
- All children 13 years or younger must be accompanied by an adult 18 years or older
- No food or drink (except plastic bottled water) allowed in pool area. No glass allowed
- No skates, skateboards, roller blades, bicycles, etc. allowed inside fenced area
- No alcohol inside pool or park area; No coolers inside gated area
- No smoking & No vaping
- Limit of six (6) guests per card; card holder must be present and is responsible for their guests actions.

Please keep pool area clean. CLHPOA maintains the pool and park for the benefit of it's members. Please respect the area and your neighbor's rights.

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I, (print name) \_\_\_\_\_, by accepting my key card, agree to follow the rules stated above. I hereby acknowledge and understand these rules.

Any infraction to these rules may result in de-activation of the pool key card.

***The POA will not be held responsible for any loss or damage to personal property, injuries, incidences, or illnesses based on use of the Park and Pool Facilities.***

NAME \_\_\_\_\_ TX DL # \_\_\_\_\_

ADDRESS OF CLH PROPERTY \_\_\_\_\_ LOT # \_\_\_\_\_

Home address if different \_\_\_\_\_

TEL # (1) \_\_\_\_\_ TEL # (2) \_\_\_\_\_

EMAIL ADDRESS(S) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RENTER'S NAME \_\_\_\_\_ TEL# \_\_\_\_\_ LEASE TERM \_\_\_\_\_

YOU WILL BE NOTIFIED WHEN YOUR APPLICATION HAS BEEN VERIFIED AND YOUR CARD IS READY FOR PICKUP      **\*\* ALL POA ACCOUNTS MUST BE CURRENT \*\***      THANK YOU.

**VERIFICATION OF ACCOUNT:** BALANCE DUE \_\_\_\_\_ DATE \_\_\_\_\_ INITIAL \_\_\_\_\_

KEY CARD # ASSIGNED \_\_\_\_\_ (Add'l cards \$35 ea )2nd CARD # \_\_\_\_\_

AMOUNT PAID (IF ANY) \$ \_\_\_\_\_ CK# \_\_\_\_\_ CASH \$ \_\_\_\_\_

(REVISED 7/15/2020)