

**THE CLUB AT WELLS POINT
POOL REGISTRATION FORM**

ALL REQUESTED INFORMATION ON THIS FORM IS REQUIRED AND WILL NOT BE CONSIDERED COMPLETE IF THERE IS ANY MISSING OR INACCURATE INFORMATION. ALL HOMEOWNERS AND FAMILY MEMBERS MUST BE LISTED ON THIS FORM. THE POOL IS FOR THE USE OF RESIDENTS AND THEIR INVITED GUESTS.

PLEASE NOTE: Access cards will ONLY be activated for residents in good standing with the Association. To be in good standing, you must:

1. be current on your assessments;
2. be in compliance with the Deed Restrictions;
3. AND have a Pool Registration Form and Acknowledgement/Waiver Form on file with Goodwin Management, Inc.

Mail to:

The Club at Wells Point Owners Association
c/o Goodwin Management, Inc.
11149 Research Blvd., Suite 100
Austin, TX 78759-5227

***** **PLEASE PRINT** *****

HOMEOWNER(s) NAME: _____

First Last

HOMEOWNER(s) NAME: _____

First Last

ADDRESS: _____

MAILING ADDRESS (if different from above): _____

E-MAIL ADDRESS (if applicable): _____

DAYTIME PHONE NO: _____ EVENING PHONE NO: _____

ACCESS CARD NO. (Found on bottom left of access card): _____

LIST ALL RESIDENT FAMILY MEMBERS AGE 18 & OLDER WHO WILL BE ENTERING THE POOL.

NAME (First and Last)

DATE OF BIRTH (Month/Day/Year)

NAME (First and Last)	DATE OF BIRTH (Month/Day/Year)

LIST ALL RESIDENT FAMILY MEMBERS AGE 17 & UNDER WHO WILL BE ENTERING THE POOL.

ALL CHILDREN AGE 17 & UNDER MUST BE UNDER THE DIRECT SUPERVISION OF AN ADULT AGE 18 & OLDER TO ENTER THE POOL.

NAME (First and Last)

DATE OF BIRTH (Month/Day/Year)

NAME (First and Last)	DATE OF BIRTH (Month/Day/Year)

I HEREBY SUBMIT THIS REGISTRATION FORM FOR PERMITTED ACCESS TO THE POOL. I UNDERSTAND THAT ALL RESIDENT FAMILY MEMBERS LISTED ABOVE AND GUESTS MUST FOLLOW ALL POOL RULES AND THAT I/WE, THE HOMEOWNER(S), AM/ARE RESPONSIBLE FOR ANY VIOLATIONS THAT MAY OCCUR.

HOMEOWNER(S) SIGNATURE: _____ DATE: _____

HOMEOWNER(S) SIGNATURE: _____ DATE: _____