

THE CLUB AT WELLS POINT
FITNESS CENTER 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 WHO INTEND TO USE THE FITNESS CENTER MUST BE LISTED ON THIS FORM. THE FITNESS CENTER IS FOR RESIDENTS OF THE CLUB AT WELLS POINT ONLY.

<p>PLEASE NOTE: Access cards will ONLY be activated for residents in good standing with the Association. To be in good standing, you must:</p> <ol style="list-style-type: none"> 1. be current on your assessments; 2. be in compliance with the Deed Restrictions; 3. AND have a Fitness Center Registration Form and Acknowledgement/Waiver Form on file with Godwin Management, Inc. 	<p>Mail to:</p> <p>The Club at Wells Point Owners Association c/o Goodwin Management, Inc. 11149 Reserarch Blvd., Suite 100 Austin, TX 78759-5227</p>
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***** **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 15 & OLDER WHO WILL BE USING THE FITNESS CENTER.

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

LIST ALL RESIDENT FAMILY MEMBERS AGE 11 – 14 WHO WILL BE USING THE FITNESS CENTER.
CHILDREN AGE 11-14 MUST BE UNDER THE DIRECT SUPERVISION OF A REGISTERED ADULT AGE 18 & OLDER.

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

CHILDREN AGE 10 & UNDER ARE NOT ALLOWED IN THE FITNESS CENTER. NO EXCEPTIONS.

You will need to add them to the registration form when they turn 11 before they will be allowed to use the Fitness Center.

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

HOMEOWNER(s) SIGNATURE: _____ **DATE:** _____

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