

**Fallsgrove Recreation Association, Inc.**

400 Casey Lane ♦ Rockville, MD ♦ 240-453-0150

E-mail: [onsitemanager@fallsgrove.net](mailto:onsitemanager@fallsgrove.net)

Office Use ONLY:	
Entered	_____
New	_____
Renewal	_____

**2020 Swimming Pool Registration Form**

ALL SECTIONS MUST BE COMPLETED IN FULL AND FORM SIGNED BEFORE PROCESSING.

**1. In which Association do you reside?**

- \_\_\_\_\_ Fallsgrove Condominium (Pulte)
- \_\_\_\_\_ Fallsgrove Homeowners Association (Pulte)
- \_\_\_\_\_ Homes at Fallsgrove Owners Association (Eakin/Youngentob-EYA)
- \_\_\_\_\_ Condominium Residences of Fallsgrove (Bozzuto/Porten)

**2. Are you a Home/Unit Owner or Tenant?**

- \_\_\_\_\_ Home/Unit Owner
- \_\_\_\_\_ Tenant (must provide copy of lease/addendum)

**3. Address in Fallsgrove:** \_\_\_\_\_

**4. Daytime Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Each resident in the household 2+ years of age will receive a pass; two free guest passes will be issued per household.*

*A third guest pass may be purchased for \$10 at the onsite office (check or money order only).*

*Your current guest passes are reactivated each year, and do not need to be replaced.*

*Charges for lost Photo I.D.'s: \$20.00 / Charges for Guest Pass: \$10.00*

**DO NOT SEND CHECKS WITH THIS FORM OR BRING PASSES TO THE OFFICE FOR ACTIVATION.**

First/Last Name (Print clearly) MUST PROVIDE PROOF OF RESIDENCY FOR NEW PASS	IF OVER 18: Please Check ✓	IF UNDER 18:		<p><b><u>PLEASE READ THE REGISTRATION LETTER</u></b> before submitting your form.</p> <p>New residents, or residents who have not previously received a photo pass, must bring this form, along with proof of residency and all family members, to the Clubhouse office. Your photo(s) will be taken and pass (es) issued at that time.</p> <p>Passes will only be activated for the names listed on this form, so be sure to list everyone in your household.</p> <p><b><i>THE LIFEGUARDS ARE NOT ABLE TO ISSUE PASSES AT THE POOL.</i></b></p>
		Birth Date	Age	

I hereby attest that all members of my household have read and understand the Fallsgrove Pool Rules and agree to abide by them. I also accept responsibility for the use of the pool facilities and agree to pay for any damage incurred by members of my household and our guests while using the facility. Unless otherwise stated, my signature also authorizes my child (ren) between the ages of 12-17 to attend the pool unaccompanied by an adult, and I assume responsibility for the child (ren).

By signing, I affirm that all individuals listed reside permanently at the above Fallsgrove address.

\_\_\_\_\_ Adult Signature Required

\_\_\_\_\_ Date