



# POOL REGISTRATION FORM

Please print all information clearly

Applicant's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Cell \_\_\_\_\_ (M/F) \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Cell \_\_\_\_\_ (M/F) \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (for any notifications)

Do you RENT or OWN this residence? \_\_\_\_\_

Renters: Provide the name and phone number of the owner. Contact ACS West for the renter's fee for the pool (Kimberly 804-282-7451). \_\_\_\_\_

List all other persons living at this residence, and what their relationship is to the Applicant(s). Examples: son, daughter, parent, grandparent, foster child, Nanny, Nurse, babysitter. Please be specific. Note: Nannies, nurses, and babysitters will only be allowed with their charges. List any additional on the back side.

	Name (Last, First)	(Age)	M/F	Relationship	Cell #	Allergies
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

Applicant's home telephone number: ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_.

Applicant's work telephone number: ( ) \_\_\_\_\_

Name of emergency contact other than someone in your household: \_\_\_\_\_

Emergency Contacts Number: \_\_\_\_\_ (Required)

- By submission of this application, I apply for admission to the Villages of Longmeadow Pool.
- I have read and will abide by the rules for the Villages of Longmeadow Pool.
- Failure to completely fill out this form will delay your authorization to use the pool.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_