

# 2011 POOL ACCESS APPLICATION

## TO BE COMPLETED BY ALL MEMBERS FOR NEW OR RENEWAL OF ACCESS

Please return the completed application to Armstrong Management Services, Inc.,  
3949 Pender Drive, Suite 205, Fairfax, VA 22030  
Or [poolpass@armstrong.net](mailto:poolpass@armstrong.net)

*This form must be completed and returned for processing by April 15, 2011 to ensure that you receive your pool passes before the scheduled pool opening. As a reminder, your assessments must be current before you will be eligible to receive pool passes.*

*Please do not mail this form with your assessment payment as it will not be processed.*

Owner Name: \_\_\_\_\_

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

Phone: (H): \_\_\_\_\_ (W): \_\_\_\_\_

NAMES OF PERSONS OCCUPYING RESIDENCE  
*(Please type or print clearly)*

DATE OF BIRTH AND AGE IF UNDER 18

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMERGENCY CONTACT:

\_\_\_\_\_

NAME

PHONE

THE UNDERSIGNED RESIDENT OF \_\_\_\_\_ ASSOCIATION, INC. HEREBY APPLIES FOR POOL ACCESS. I AGREE TO BE RESPONSIBLE FOR THE CONDUCT OF MYSELF AND THE MEMBERS OF MY HOUSEHOLD AND GUESTS AND AGREE TO HOLD HARMLESS THE HOMEOWNERS ASSOCIATION, THE BOARD OF DIRECTORS, AND ASSOCIATION AGENTS AND SUBCONTRACTORS FOR ANY LIABILITY OR PERSONAL AND/OR PROPERTY DAMAGE WHEN USING THE POOL.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### **IF APPLICABLE, COMPLETE THE FOLLOWING TENANT INFORMATION.**

THE UNDERSIGNED OWNER OF \_\_\_\_\_ ASSOCIATION, INC. HEREBY RELINQUISHES RECREATIONAL AND ACTIVITY USE PRIVILEGES TO THE TENANT NAMED BELOW. IN ACCORDANCE WITH THE BYLAWS, I AGREE TO BE RESPONSIBLE FOR THE ACTIONS OF MY TENANTS, MEMBERS OF THE HOUSEHOLD, AND THEIR GUESTS.

NOTE TO TENANT: THIS FORM MUST BE SIGNED BY YOUR LANDLORD OR HIS/HER AGENT. A COPY OF YOUR LEASE ALSO MUST BE PROVIDED WITH THIS APPLICATION.

Tenant's Name: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_