

COMMONS AT VALLEY LAKES 2020 POOL MEMBERSHIP APPLICATION

This application form **MUST BE SIGNED BY THE OWNER**, who is being granted access for the 2020 swim season. This application shall be used for all members of the household. Please see pool rules for an explanation of what a household consists of. To obtain an Access fob, **this form must be completed and returned** by email to info@mainstreetmanagementllc.com, by fax to 765-742-6401, or hardcopy mail to P.O. Box 745, Lafayette, IN 47902.

___ **NEW** ___ **ACTIVATE EXISTING FOB** ___ **REPLACEMENT (\$25 CHECK INCLUDED)**

OWNER NAME: _____

COMMUNITY NAME: (circle one) **The Commons at Valley Lakes / The Landings / Waterstone Crossing**

ADDRESS OF PROPERTY: _____

OWNER MAILING ADDRESS: _____

OWNER PHONE & EMAIL: _____

(IF DIFFERENT THAN PROPERTY ADDRESS)

IS THIS PROPERTY LEASED/RENTED? *YES/NO*

PROVIDE NAME OF LEASEE/RENTER: _____

PHONE OF LEASEE/RENTER: _____ **EMAIL OF LEASEE/RENTER:** _____

EMERGENCY CONTACT NAME & PHONE: _____

NUMBER OF HOUSEHOLD MEMBERS LIVING AT THIS RESIDENCE WHO WILL ACCESS THE POOL: _____

The undersigned acknowledges that:

1. He/she has received the 2020 Pool Rules and agrees that he/she, resident of the property, and his/her guests will abide by them.
2. He/she acknowledges the security system records use of the Access fob and such access may be reviewed from time to time for investigative purposes;
3. He/she will notify Main Street Management immediately if an Access fob is lost or stolen;
4. The names listed on this application are actual household members;

In consideration of pool facility privileges, the undersigned agrees to assume the risk of any accident or personal injury which he/she or any member of his/her family or any guest of the undersigned may sustain while using the said facilities and agrees that the Association, Main Street Management, LLC and its Management Agent will in no way be liable for any such injury unless due to gross negligence on the part of the Association.

Remember that you have part ownership in the pool and grounds. It is your responsibility to monitor and report any damage or destruction which may increase the dues for next year.

_____ Existing Fob Number: _____
Signature of Owner (Owner must insert existing fob number for reactivation.)

_____ New Fob Number: _____
Date (Main Street Mgmt will insert fob number for new activation.)

List the names and the relationship to the Owner/Lessee/Renter of all persons who live at the registered residence and are included in this household.

Name / Relationship / Age of Child	Name / Relationship / Age of Child