

Adams Ridge Homeowners Association

RESIDENT POOL PASS APPLICATION

****Must be picked up in person and proof of residency will be required ****

Replacement cost of a re-issuance of a pool pass is \$25.00.

Last Name of Resident: _____ Pool Pass Number: _____

Home Address: _____

Home Phone: _____ Cell Phone _____

In Case of Emergency: _____

Emergency Number: _____

Email Address: _____

Resident(s) First Name(s) _____

List all children including ages, living at the above address:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Babysitter(s) Name: _____ Cell Phone _____

Please List Any Medical
Conditions: _____

Signature of CCM: _____ Date: _____

**** You may mail this Resident Pool Pass Application to: Adams Ridge Clubhouse, 100 Adams Ridge Blvd. Mars, Pa. 16046, or drop it off in the Black Mailbox on the front porch of the Clubhouse ****