

COURTS AND RIDGES OF ASHBURN HOA

2019 Application for Swimming Pool Identification Cards

Property Address: _____
(street name and number)

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address (REQUIRED): _____

All persons requesting membership for the 2019 pool season must be listed below. **APPLICANTS MUST BE FULL-TIME RESIDENTS OF A HOME WITHIN THE COURTS AND RIDGES OF ASHBURN HOA.**

All residents may be members of the pool. Please list all residents who require a pass (4 years and over), as well as their date of birth. Applicants must have their legal residence be within the Courts and Ridges. Eligible members are owners/residents and their resident family. One child care provider pass will be issued per household. Must be 16 or older.

Residents Info: (Last, First, Middle Initial)	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Child Care Provider)

Emergency Contact:
Name: _____
Home/Cell Number: _____

List any allergies to medications – list name of person(s) and name of medication(s):

Adult Member: This information is true to the best of my knowledge, and I have read the Courts and Ridges pool rules and agree to abide by them.

Signature: _____ Date: _____

RETURN TO: Courts & Ridges of Ashburn
c/o PMP
552 Fort Evans Road, Suite 202
Leesburg, VA 20176