

CLF POOL KEY CARD APPLICATION, RULES AND AGREEMENT

Please read the **POOL RULES** and complete the application below.

Return to: pool@clfpoa.com OR mail to PO BOX 1431, Canyon Lake, TX 78133

Pool opening date posted at pool gate and on website: www.clfpoa.com

Hours of operation 10 AM - 8 PM DAILY EXCEPT MONDAYS – closed for maintenance unless HOLIDAY falls on a Monday, then closed the Tuesday after. **Subject to change due to weather.**

- SWIM AT YOUR OWN RISK; NO LIFEGUARD ON DUTY
- Do NOT prop gates open for non-members
- Do NOT open gate to others without their own key card
- You agree to supervise all children in your group while in the confines of pool area
- All toddlers and babies must wear proper waterproof diapers and swimwear while in pool area. Please dispose of diapers properly
- No cutoffs or dark colored t-shirts allowed to be worn in the pool
- Please apply sunscreens at home; sunscreen is recommended for all swimmers
- Any incidents of fecal matter / vomit must be reported immediately to 830-899-7572
- Profanity, loud music, running, horseplay, spitting, and pool games are NOT permitted
- All children 13 years or younger must be accompanied by an adult 18 years or older
- No food or drink (except plastic bottled water) allowed in pool area. No glass allowed
- No skates, skateboards, roller blades, bicycles, etc. allowed inside fenced area
- No alcohol inside pool or park area; No coolers inside gated area
- No smoking & No vaping
- Limit of six (6) guests per card; **card holder must be present at ALL TIMES WITH GUESTS.**

Please keep pool area clean. CLFPOA maintains the pool and park for the benefit of it's members.

Please respect the area and your neighbor's rights to a family friendly community environment.

_____, I, (print name) _____, by accepting my key card, agree to follow the rules stated above. **I hereby acknowledge and understand these rules. Any infraction to these rules may result in de-activation of the pool key card. The POA will not be held responsible for any loss or damage to personal property, injuries, incidences, or illnesses based on use of the Park and Pool Facilities.**

NAME _____ DL # _____

ADDRESS OF CLF PROPERTY _____ LOT # _____

Home address if different _____

TEL # (1) _____ TEL # (2) _____

EMAIL ADDRESS(S) _____

SIGNATURE _____ DATE: ____ / ____ / _____

RENTER'S NAME _____ TEL# _____ LEASE TERM _____

YOU WILL BE NOTIFIED WHEN YOUR APPLICATION HAS BEEN VERIFIED AND YOUR CARD IS READY FOR PICKUP **** ALL POA ACCOUNTS MUST BE CURRENT **** THANK YOU. VERIFICATION OF ACCOUNT:

BALANCE DUE _____ DATE _____ INITIAL _____ KEY CARD # _____

ASSIGNED _____ (Add'l cards \$25 ea)2nd CARD # _____ AMOUNT PAID (IF

ANY) \$ _____ CK# _____ CASH \$ _____ (REVISED 7/21/2021)