



# CIRCLE C AQUATICS RESIDENT INFORMATION FORM

Return completed form to  
customerservice@ccswim.net  
Drop off at 5919 La Crosse Ave  
-or- Fax 512-288-2058

*This form must be submitted for each household in order to receive Aquatics ID Card.  
All fields are required. Incomplete forms will **not** be processed. Please type or print legibly*

I am a:  Circle C Home Owner  Renter (Renters only section must be filled out below)

### Primary Adult Member

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  Check here if this is a Cell Phone  
Alt Phone: \_\_\_\_\_ Gender:  Male  Female  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address: \_\_\_\_\_

### Secondary Adult Member

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender  Male  Female

### Additional Household Members (Only persons residing at this address. Persons ages 19 and older require proof of residency)

First Name	M.I.	Last Name	D.O.B.	Gender	POR
_____	_____	_____	____ / ____ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>
_____	_____	_____	____ / ____ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>
_____	_____	_____	____ / ____ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>
_____	_____	_____	____ / ____ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>
_____	_____	_____	____ / ____ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/>

### Emergency Contact (Must be someone NOT previously listed above)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*I do hereby assume all risk of injury to myself or to my wards and my guests and absolve and hold harmless Circle C Homeowners Association, Inc. and all of their employees, officers, and administrators, from any, and all, claims for losses, injuries, and/or consequential damages including attorney fees. I am aware that swimming is a strenuous activity with some inherent dangers and risks. I acknowledge that I have received, understand, and agree to all Circle C Aquatics Rules, Policies, and Procedures. I agree that if any of the information listed on this form changes, I will notify Circle C Aquatics immediately.*

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Renters Only (If you are leasing your home in Circle C, the Homeowner or Leasing Agency must fill out the following section)

*I, the owner or leasing agency of the property listed above, do hereby relinquish both my rights, and those of my household members(s), to the amenities of the Circle C HOA. I(We) award these rights to the tenants listed on this form during the following lease terms.*

Lease Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Lease End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Printed Name: \_\_\_\_\_ Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Address Verified  Entered in Daxko  Welcome Email Sent Entry Date: \_\_\_\_\_ FD: \_\_\_\_\_