



CIRCLE C AQUATICS RESIDENT ID 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
_____	_____	_____	____ / ____ / ____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Household Members (Only persons residing at address. Persons age 19+ 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: _____