

## 2020 HOMECOMING POOL MEMBERSHIP APPLICATION

This application form **MUST BE SIGNED BY THE OWNER** who is being granted access to the pool for the 2020 swim season. This application should be used for all members of the household. A household consists of all persons living in a dwelling, including college students, other non-resident children spending the swim season, and live-in care providers. **In order to obtain an Access Card, this form must be completed and returned with payment to Main Street Management, P.O. Box 745, Lafayette, IN 47902.**

NEW (\$5.00 CHECK)     REPLACEMENT (\$20 CHECK)  
 COMMONS SEASONAL MEMBERSHIP (\$100 CHECK)     HOMECOMING RENTER (\$125 CHECK)

OWNER NAME: \_\_\_\_\_ COMMUNITY NAME: HOMECOMING or COMMONS  
 (Please circle one of the above.)

ADDRESS OF HOMECOMING/COMMONS PROPERTY: \_\_\_\_\_

OWNER MAILING ADDRESS: \_\_\_\_\_ OWNER PHONE & EMAIL: \_\_\_\_\_  
 (IF DIFFERENT THAN PROPERTY ADDRESS)

IS THIS PROPERTY LEASED/RENTED? YES/NO    PROVIDE NAME OF LESSEE/RENTER: \_\_\_\_\_

PHONE OF LESSEE/RENTER: \_\_\_\_\_ EMAIL ADDRESS OF LESSEE/RENTER: \_\_\_\_\_

EMERGENCY CONTACT NAME & PHONE: \_\_\_\_\_

NUMBER OF HOUSEHOLD MEMBERS LIVING AT THIS RESIDENCE WHO WILL ACCESS THE POOL: \_\_\_\_\_

The undersigned acknowledges that:

He/she has received the 2020 Pool Rules and agrees that he/she, resident of the property, and his/her guests will abide by them. Any misuse can result in the Access Card being deactivated and Pool Membership being revoked;

He/she acknowledges use of the Access Card is recorded by the security system and such access may be reviewed from time to time for investigative purposes;

He/she will notify Main Street Management immediately if an Access Card is lost or stolen;

Residents/Volunteers/Pool Committee Members/Board Members have the right to do random checks for Access Cards;

That the Access Cards remain the property of the Association, and the Association requires a replacement fee for a lost card;

And; In consideration of the provided swimming pool facility privileges, the undersigned expressly agrees to assume the risk of any accident or personal injury which he/she or any member of his/her family or any guest of the undersigned may sustain while using the said facilities and agrees that the Association, Main Street Management, LLC and/or its Management Agent will in no way be liable for any such injury unless due to gross negligence on the part of the Association and/or Agent.

\_\_\_\_\_  
 Signature of Owner

Existing Card Number: \_\_\_\_\_  
 (Owner must insert existing card number for reactivation.)

\_\_\_\_\_  
 Date

New Card Number: \_\_\_\_\_  
 (Main Street will insert new card number for new activation.)

List the names and the relationship to the Owner/Lessee/Renter of all persons who are included in this Homecoming/The Commons household and are eligible to use the pool.

| Name and Relationship | Name and Relationship |
|-----------------------|-----------------------|
|                       |                       |
|                       |                       |
|                       |                       |
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**ANY PAYMENT REQUIRED MUST BE SUBMITTED WITH THIS APPLICATION.**