

## 2021 HOMECOMING POOL MEMBERSHIP APPLICATION

This application form **MUST BE SIGNED BY THE OWNER** who is being granted access to the pool for the 2021 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 a keyfob this form must be completed and returned with payment to Main Street Management, P.O. Box 745, Lafayette, IN 47902.**

\_\_\_\_\_ **NEW (\$10.00 CHECK)**    \_\_\_\_\_ **REPLACEMENT (\$25 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 2021 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 Keyfob being deactivated and Pool Membership being revoked;

He/she acknowledges use of the Keyfob 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 a Keyfob is lost or stolen;

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

That the Keyfob remain the property of the Association, and the Association requires a replacement fee for a lost keyfob;

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 keyfob 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

**ANY PAYMENT REQUIRED MUST BE SUBMITTED WITH THIS APPLICATION.**