

**Forest West Community Improvement Association  
Pool Membership Application**

**LOT NUMBER** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*NOTE: Please type or print legibly, as this form will be used at the pool for membership verification.**

**Residence**

**Own Home**

**Ownership Checked with HCAD**

**Rent or other NON-Owner**

**Must provide photocopy of proof of residence attached to application**

**Street Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Adult 1 Name: First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **email** \_\_\_\_\_

**Adult 2 Name: First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Info**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **or Cell:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**NEW** Regular pool hours as follows:

**Tuesday - Thursday 2:00 PM – 8:00 PM**

**Friday - Saturday 9:00 AM – 11:00 AM**

**Friday - Saturday 3:00 PM – 7:00 PM**

**Sunday 2:00 PM – 8:00 PM**

Please see the pool manager for pool rental for private parties and hours available.

The Pool Rules will be available when the season starts at [www.forestwest.com](http://www.forestwest.com).

**No life guard on duty; swim at your own risk.**

To be eligible for a pool membership, all required fees must be current. Please fill out this application and return to pool at 5335 Lost Forest.

All guests will pay **\$5.00** per day. Guests include anyone not residing in the household, and anyone not listed on this application. All guests must be accompanied by an adult pool member.

## Forest West Community Improvement Association Pool Membership Application

Please list only **minor aged children living in your household**

- Please list minor aged grandchildren **living in your household**
- For more than 4 children proof of residence is required.
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- **Due to insurance requirements, dependants 18 years of age or older must fill out a separate application.**

|            | Name      | Age   | Birth Date<br>(m/d/yy) |
|------------|-----------|-------|------------------------|
| First Name | Last Name |       |                        |
| _____      | _____     | _____ | ___/___/___            |
| _____      | _____     | _____ | ___/___/___            |
| _____      | _____     | _____ | ___/___/___            |
| _____      | _____     | _____ | ___/___/___            |

**I hereby give my permission for my family and guests to use the Forest West Swimming Pool and Recreational Areas in the Forest West Community. I am fully aware that any activity involving swimming and recreational play creates the possibility for injury and that I must supervise my children and guests at all times. I further agree to hold FWCIA Board and Forest West Swimming Staff harmless for any injury or resulting expenses, and discharge any and all rights and claims against FWCIA.**

**BY SIGNING THIS DOCUMENT I ACKNOWLEDGE THAT I AM FULLY AWARE THAT THERE IS NO LIFEGUARD ON DUTY.**

The undersigned hereby does certify and attest that the statements submitted in their Application, are true to the best of their knowledge, and that should applicant willfully and knowingly subscribe, make, or concur in making any statement support of this application which is false, said applicant shall be subject to any and all relevant Federal and State penalties associated therewith.

Applicant hereby acknowledges that any false statements or representations made in connection with this application will subject them to punishment as set forth in the above-referenced statutes, in addition to relevant criminal, administrative and civil penalties and actions which may be taken by the Federal and State agencies concerned.

**Adult 1 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Application is considered approved when you receive your pool card(s).**

**Adult 2 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Application is considered approved when you receive your pool card(s).**

**This form must be filled out completely for approval.**

**Pool Director's Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form has been approved by the FWCIA May 2016**