



www.woodbridgehomeowners.com

POOL ACCESS FORM

TO BE COMPLETED BY HOMEOWNER: (Please Print Clearly)
(If you are a renter, please have homeowner fill out and return on your behalf.)

Homeowner: _____ Lessee _____
(First & Last Name) (First & Last Name)

Address of Residence: _____ Mailing Address: _____
(If different than residence)

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

I/We hereby acknowledge that the Pool at the Woodbridge Association, Inc., will **not** have lifeguards or other attendants. I/We accept responsibility that any members of our household and other invited guests use the pool or other Association recreational facilities at our own risk.

I/We also hereby acknowledge that members of or household or other invited guests will abide by any posted or published rules, procedures, or signs associated with the use of the Association’s recreational facilities and that violations may result in suspension of privileges. I/We acknowledge that we may be held financially responsible for acts of malicious mischief or vandalism by members of our household or other invited guests that result in damage to the Association’s equipment or facilities. I/We acknowledge that each household is responsible for loss, damage or vandalism associated with the illegal use of a lost or stolen card; so please report a missing or lost card to Management immediately so that the card number can be deactivated.

Each Member’s residence is provided one (1) access card at no cost. Replacements for lost cards will cost \$25.00 each.

Please return this Pool Access Form to:
Woodbridge Association, Inc.
2415 Avenue J, Suite 100,
Arlington, TX 76006

Account#: _____ Pool Card #: _____
(Office will fill in)

Owner(s) Signature: _____ Date: _____

Please check one: First Time Pool Card Replacement Pool Card

If this form is being submitted for a **REPLACEMENT CARD, PLEASE INCLUDE \$25 CHECK** made payable to the Woodbridge Association.

NOTE: Please allow five (5) to seven (7) days for pool card request processing.

Office use only: Check # _____ Date: _____ Amt: _____