2025

INDIAN LAKES ASSOCIATION POOL APPLICATION

CHECK ONE: OWNER:_____ **OR** TENANT:_____

ADDRESS OF THE UNIT: _____ OWNER

OWNER NAME: _____

TENANT NAME: _____

HOME PHONE _____ CELL PHONE _____

BUISNESS PHONE _____

	NAME	**ADULT OR CHILD**
1.		
2.		
3.		
4.		
5.		
6.		

IN CASE OF EMERGENCY NOTIFY:

NAME: _____ NUMBER: _____

LIST ANY POTENTIAL LIFE-THREATENING MEDICAL CONDITIONS FOR EACH OF THE ABOVE PERSONS:

_____

EACH HOUSEHOLD IS PERMITTED TO HAVE 4 GUESTS PER DAY. THE LIFEGUARD WILL MONITOR ENTRY. ALL MEMBERS/RESIDENTS AND GUESTS MUST SIGN-IN. GUESTS MUST BE ACCOMPANIED WITH THE MEMBER/RESIDENT.

DAILY PASSES MUST BE TURNED INTO THE LIFEGUARD UPON ENTRY.

I AM FAMILIAR WITH ALL ILA FACILITY RULES ANO REGULATIONS ANO AGREE TO ABIDE BY ALL SUCH RULES, FURTHER, I AGREE TO ENSURE THAT ALL MEMBERS OF MY HOUSEHOLD AND GUESTS ARE FULLY INFORMED OF THE ILA RULES PRIOR TO THEIR USE OF ANY FACILITY.

OWNER/LEASEHOLDER SIGNATURE _____ DATE: _____