

RIVERWALK

Homeowners Association

Pool Registration Form

Member – Lot owner (s) of record

Last Name _____ First Name _____

Last Name _____ First Name _____

Address: _____

Douglasville, GA 30135

Lot #: _____

Name	Relationship to Lot Owner	Date of Birth (if under 18)	Male/Female

Acknowledgement

I, (we) the undersigned, acknowledge that the information above is correct, and that I have read and agree to follow the 2017 Riverwalk Homeowners Pool Rules.

I agree that I am responsible for my guest(s) which I bring to the pool including any losses, damages caused by them.

Member Signature _____ Date _____

Member Signature _____ Date _____

Members must be in good standing in order to use the pool and other amenities.

HOA Board Use Only

Date Received _____ Bracelets Provided _____ HOA Officer _____