



2024 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)	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Acknowledgement: I, (we) the undersigned, acknowledge that the information above is correct, and that I have read and agree to follow the 2024 Riverwalk HOA Pool Rules and Pool Risks. I agree that I am responsible for my guest(s) which I bring to the pool including any losses, damages caused by them.

LOST YOUR POOL BRACELET? Replacements are available for \$5, 2nd replacement \$15.

Date _____
Member Signature

Date _____
Member Signature

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