

Battlefield Green Community Association, Inc. 2026 Pool Membership/Waiver Form

(Please Print Neatly)

Verification of Residence in the Battlefield Green Community Association is Required.

PLEASE COMPLETE THIS FORM BEFORE ACCEPTING YOUR POOL PASSES

First & Last names of adult homeowners:

Address: _____

Phone Number(s): (home) _____ (cell) _____ (office) _____

E-mail address: _____

Children:

NAMES

AGE

Special Medical Info.

(Of children living in the household)

(as of May, 2026)

(allergies, diabetes, etc.)

| <u>NAMES</u> | <u>AGE</u> | <u>Special Medical Info.</u> |
|---------------------|-------------------|-------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

In case of an emergency, illness or accident to the above listed members, Douglas Aquatics Inc. and Battlefield Green HOA Inc., staff members are authorized to proceed as indicated below: Call:

_____, (_____) at: _____/_____
(Name) (Relationship) (Business) (Daytime Phone)

Call Family Physician: _____ at: _____
(Name) (Business Phone)

If it is necessary to take the child to the hospital and contact attempts have been made without success, please specify preferred hospital. _____

In a life-threatening emergency, rescue personnel will take member to the closest hospital.

I have read the 2026 Pool Rules in its entirety with all members of the household and understand and agree that all members and their guests are expected to follow these rules for the safety of everyone at the Battlefield Green pool. I understand that the Board of Directors may elect to use their authority of enforcement provided in Declaration of Covenants,

Conditions and Restrictions for the Battlefield Green Community Association, Inc. and/or Section 55-513 of the Property Owners' Association Act of Virginia. The Board of Directors action may include, but is not limited to, the use of charges and suspension of privileges for any false or misleading information.

Signature of responsible party: _____ **Date:** _____