

Country Place Homeowners Association, Inc.
Swimming Pool Pass Agreement Summer 2024

Pool Pass are non-transferable. Anyone who violates this will forfeit their passes for the year.

Pool pass fee for Family (five household resident) - \$80.00 Individual Pool Pass - \$40.00

CASH OR CHECKS ONLY are accepted to purchase pool passes.

Only Country Place residents who have purchased a current pool pass are allowed
to use the swimming pool during open pool hours.

NO SMOKING/DRINKING/PETS ALLOWED IN POOL AREA

Pool Hours: **Everyone swims:** Monday – Saturday 10:00am – 6:00pm and Sunday 1:00pm – 6:00pm
Family Swim only: Sunday – Saturday 6:00pm-8:00pm (parents must be with children)

Please initial that rules have been read and agreed upon.

1. ____ Absolutely **NO Alcohol, glass containers, Smoking or Pets** are allowed in the pool area at any time.
2. ____ **Children 12 (twelve) and under** must be accompanied by an adult. (17yrs or older).
3. ____ Running, dunking, pushing, and other forms of horseplay are prohibited.
4. ____ Swimsuits must be worn. **No shorts, cutoffs or colored t-shirts are permitted in the pool.**
Wet swimsuits may not be worn inside the clubhouse.
5. ____ Due to the small size of our pool, **no inner tubes, air mattresses or inflatable boats** may be used.
6. ____ Persons wearing Band-aids or bandages or having open sores or injuries, are not permitted in the pool.
7. ____ Parking at the swimming pool is limited to the paved surfaces in the parking lot. **Parking on the grass areas are prohibited and vehicles so parked will be removed at the owner's expense.**
8. ____ Lifeguards or attendants will be on duty during pool hours.
9. ____ Pass holders **must sign in and/or pay guest fees** before being allowed in the pool.
10. ____ Each **household** may bring a maximum of 5 guests at \$1 per guest.

Name of Homeowner/Resident: _____

Address of Homeowner/Resident: _____

Phone number of Homeowner/Resident: _____

Residents living in household /Age **(under 17):** _____

I have read and agree to the Country Place Homeowners Association, Inc. Swimming Pool Pass Agreement:

Signature of Homeowner/Resident: _____ Date: _____

Signature of Board Member: _____ Date: _____