

**Country Place Homeowners Association, Inc.  
Swimming Pool Pass Agreement Summer 2026**

**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:** Tuesday – 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_