



# CIRCLE C AQUATICS NON-RESIDENT INFORMATION FORM

Return completed form to  
customerservice@ccswim.net  
Drop off at 5919 La Crosse Ave  
-or- Fax 512-288-2058

One form for each household address. Please type or print information legibly.

*\*All fields are required*

### Primary Non-Resident

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_  Check here if this is a Cell Phone

Alt Phone: \_\_\_\_\_ Gender:  Male  Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address: \_\_\_\_\_

### Additional Non-Resident Household Members (Only persons residing at this address)

| First Name | M.I.  | Last Name | D.O.B              | Gender  |
|------------|-------|-----------|--------------------|---|
| _____      | _____ | _____     | ____ / ____ / ____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| _____      | _____ | _____     | ____ / ____ / ____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| _____      | _____ | _____     | ____ / ____ / ____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| _____      | _____ | _____     | ____ / ____ / ____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| _____      | _____ | _____     | ____ / ____ / ____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| _____      | _____ | _____     | ____ / ____ / ____ | <input type="checkbox"/> Male <input type="checkbox"/> Female |

### Emergency Contact (Must be someone NOT previously listed above)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*I do hereby assume all risk of injury to myself or to my wards and my guests and absolve and hold harmless Circle C Homeowners Association, Inc. and all of their employees, officers, and administrators, from any, and all, claims for losses, injuries, and/or consequential damages including attorney fees. I am aware that swimming is a strenuous activity with some inherent dangers and risks. I acknowledge that I have received, understand, and agree to all Circle C Aquatics Rules, Policies, and Procedures. I agree that if any of the information listed on this form changes, I will notify Circle C Aquatics immediately.*

Primary Non-Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If primary non-resident is 17 years old or younger, a parent/guardian signature is required.*

### Office Use Only

Entered in Daxko Entry Date: \_\_\_\_\_ FD: \_\_\_\_\_