



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 Check-In (Guest Only) Entry Date: _____ FD: _____