



CIRCLE C AQUATICS RESIDENT INFORMATION FORM

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

*This form must be submitted for each household in order to receive Aquatics ID Card.
All fields are required. Incomplete forms will not be processed. Please type or print legibly*

I am a: Circle C Home Owner Renter (Renters only section must be filled out below)

Primary Adult Member

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

POR

Date of Birth: ____ / ____ / ____

Email Address: _____

All household members who are not listed on the Sale of Home/Closing Documents or Lease Documents must provide Proof of Residency (POR) in order to have access to the Aquatics Facilities.

Additional Household Members

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

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.

Head of Household Signature: _____

Date: _____

Renters Only (If you are leasing your home in Circle C, you must turn in a copy of your lease and the Homeowner or Leasing Agency must fill out the following section)

I, the owner or leasing agency of the property listed above, do hereby relinquish both my rights, and those of my household members(s), to the amenities of the Circle C HOA. I(We) award these rights to the tenants listed on this form during the following lease terms.

Owner Printed Name: _____ Owner Signature: _____ Date: _____

Owner Phone: _____

Office Use Only

Address Verified Entered in Daxko Welcome Email Sent

Entry Date: _____

FD: _____



**CIRCLE C AQUATICS
PROOF OF RESIDENCY
ACCEPTED DOCUMENTS**



All household members who are not listed on the Sale of Home / Closing Documents or Lease Documents must provide Proof of Residency (PoR) in order to be issued Pool ID Tags and have access to the Aquatics facilities.

All PoR documents must contain the household member's name and the resident address.

Pool ID Tags will not be issued without required PoR.

Accepted PoR for Adults (ages 18 and over)

- Sale of Home / Closing Documents or Lease Documents
- Government Issued ID (i.e. Driver's License)
- Utility Bill / Statement (electric, water, natural gas, satellite/cable TV or noncellular phone bill) dated within 60 days of submission
- Current homeowner's insurance policy
- Texas high school, college, or university report card or transcript for the current school year
- W-2 or 1099 tax form from the current tax year
- Mail from financial institutions (checking, savings, investment account and credit card statements) dated within 60 days of submission
- Mail from a federal, state, county or city government agency dated within 60 days of submission
- Current documents issued by the U.S. military indicating the resident address

****All PoR documents for adults expire five years after submission unless an expiration date is otherwise stated on the document. Once expired, new PoR documents will be required.**

Accepted PoR for Children (ages 17 and under)

- Any item listed above for adults
- Any school, daycare, or medical record or statement showing the child residing at the resident address
- If none of the above forms of PoR are available, a birth certificate, military dependent ID card, or other similar document listing at least one previously approved resident adult as the legal parent/guardian of the child.

****All PoR documents for children expire when the child reaches 18 years of age. Once expired, new PoR documents will be required.**