



VIRGINIA OAKS

The Golf Community On Lake Manassas

Virginia Oaks Association, Inc.

POOL PASS APPLICATION FOR USE OF THE COMMUNITY POOL 2017

Members are responsible for the conduct of their children as well as for the conduct of a select childcare provider. It is the member's responsibility to ensure the Management Company has an accurate phone number with which to reach you or an authorized individual in case of an emergency. I authorize emergency care to be given to those listed below as needed. I understand the Virginia Oaks Association (HOA) will not be held liable for any loss or for any type of personal injury. This signature binds the member and their families that they have read, understand and agree to without exception the rules of pool use starting from date listed below. A \$5.00 charge will be applied to replace the barcode pool pass if misplaced or lost. **Please mail or fax this application to Sequoia Management at 13998 Parkeast Circle, Chantilly, VA, 20151 or email it to tshoefstall@sequoiamgmt.com.**

Signed: _____ Date: _____ Printed Name: _____

Please Print

Name of Family: _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Family members of residence: **	DOB (mm-dd-yy*) *required for children	Pass issued? resident initial
(1) _____	____-____-____	_____
(2) _____	____-____-____	_____
(3) _____	____-____-____	_____
(4) _____	____-____-____	_____
(5) _____	____-____-____	_____
(6) _____	____-____-____	_____

**Pass will be issued for those 12 or older

Emergency Contact:

Name: _____ Phone Number: _____

Child Care:

Child Care Provider: _____ DOB: ____-____-____

Address: _____ Phone Number: _____

I hereby authorize _____ to care for my children and to chaperone them at the Virginia Oaks Community Pool. The care provider will be at least 16 years old, aware and act in accordance with the pool rules, a competent swimmer, in possession of their own pass (if a resident of Virginia Oaks) or have an applicable family pass, and not supervise more than three (3) children at any one time. _____ initial.

For Residential Community Management use only: Issue Date: ____-____-____

Bar Code #: _____ Bar Code #: _____ Placed in Computer _____ initial

****NOTE: Only new owners/residents must complete this form to obtain passes.**