REGISTRATION INFORMATION TO OBTAIN A 2023 POOL PASS

Required Documents for All Residents 18 and over (no exceptions):

- 1. Data Sheet
- 2. Landlord Permission Form (if applicable) Completed by landlord only!
- 3. Rules Acknowledgement Form
- 4. 2x2 inch picture for each pass requested (adult & child)
- 5. Copy of proof of Residency such as utility bill, driver's license (for all adults and must be dated within 30 days), must show unit address.
- 6. Current copy of full lease agreement for rented units (including all pages, any addendums and signatures).

English Country Manor I Condominium Association

JC Property Services, Inc. 2741-C Fallston Road Fallston, MD 21047 410-557-8370 * Fax 410-692-0034 jcproperty@jcpsi.net **2023**

LANDLORD PERMISSION FORM FOR POOL AND EXERCISE ROOM PASSES (MUST BE COMPLETED BY LANDLORD ONLY)

Name of Unit Owner(s)	Home Address	Phone
Address of Rental Unit:		
Name(s) of Tenant		

I hereby give permission for the above-named tenants of my rental unit to receive pool and exercise passes in my stead. I understand that the passes may be issued to me **OR** to my tenants, but not both.

Signature of Unit Owners and date signed Signature of Unit Owners and date signed

PLEASE COMPLETE THIS FORM AND FORWARD IT WITH THE REST OF THIS PACKET <u>TO</u> <u>YOUR TENANT</u>.

THE TENANT MUST PRESENT THIS FORM AND ALL OTHER COMPLETED PAPERWORK TO OBTAIN POOL/EXERCISE ROOM PASSES.

English Country Manor Condominium Association JC Property Services 2741-C Fallston Road * Fallston, MD 21047 410-557-8370 • FAX 410-692-0034 jcproperty@jcpsi.net

RECEIPT OF RULES ACKNOWLEDGEMENT

Name

Unit Address

The undersigned acknowledges that he/she has been given a copy of the Association's pool and exercise room rules and regulations and agrees that he/she and his/her family and guests will comply fully with those rules and regulations. The exercise room rules are also posted in the exercise room. The undersigned acknowledges and agrees that any person violating the Association's pool and exercise room rules may be required to leave the swimming pool area or be denied access. The undersigned, for himself/herself and on behalf of his/her family, guests, heirs, personal representatives, successors and assigns, hereby assumes all risks related to the use of the swimming pool, exercise room and related facilities and hereby releases, indemnifies and holds harmless the Association, and its members, directors, officers, agents, employees and contractors, from and against any and all claims, injuries, damages, liability, and causes of action of any kind, including costs and attorney's fees, arising from or related in any way to the use of the swimming pool, exercise room and related in any way to the use of the swimming pool, exercise room and related in any way to the use of the swimming pool, exercise room and related in any way to the use of the swimming pool, exercise room and related in any way to the use of the swimming pool, exercise room and related facilities by the undersigned or his/her family or guests.

Signature and date signed

Signature and date signed.

PLEASE COMPLETE AND/OR REMIT THIS FORM TO OBTAIN POOL/EXERCISE ROOM PASSES. 04 10 2023

ENGLISH COUNTRY MANOR I BEL AIR, MD 21014

Unit#____ Garage#____

2023 DATA SHEET (PLEASE PRINT)

Name of Resid Living in the O	lent(s) Condo:				
Owner	Tenant	Family Tenant/Relationship			
Condo Addres	SS:				
Resident Phon	ne#: (H)	(W)	-	(C)	
E-Mail Addres	ss(es):				
Email Opt-In	for Notification	s?			
Emergency Co	ontact:			Phone#:	
Contacts w/Ke	eys: #1		#2		<u>(1997)</u> -1
Addr	ess: #1		#2		
Phor	ne #: #1		#2		<u></u>
Vehicles					
Yea	r & Make:#1		#2		
Mode	1 & Color:#1		#2		
Tag N	umber:#1	#	#2		
Resident with	Physical Limit	ations: Name:			
	Lir	nitations:			<u></u>
Pets on Premi	ses: Dog: Nan	ne:		Cat: Name:	<u></u>
	Wei	ght:		Weight:	
Do you have a	a fireplace in yo	our unit: Yes N	0		
Do you use yo	our fireplace:	Yes No			
Owner (if not	living in Conde	o):			
Owners Addr	ess:				
Owner's Phon	ne#: (H)	(W)		(C)	<u> </u>
Please comple	ete this form an	d RETURN FOR PAS	SS RE	GISTRATION.	
If you are NC	T obtaining gy	m/pool passes OR at o	other t	imes of the year, return th	is data sheet
2741 Fallst	operty Services -C Fallston Roa ton, Maryland 2 operty@jcpsi.ne	d 1047			
Date Received: M	lo Yr			Date Changed: Mo	Yr