

**Pool Membership Information Form APARTMENT 2021**

**The Grange – 3692 Meadows Blvd.  
Taft House – 3570 Celestial Ave.  
303.814.2358**



**THE MEADOWS**

**ALL MEADOWS RESIDENTS MUST BE REGISTERED TO USE  
THE MEADOWS POOLS**

**RETURN FORM TO THE GRANGE OR TAFT HOUSE IN PERSON. ALL FIELDS MARKED WITH AN ASTERISK (\*) ARE REQUIRED.**

All family members must have an updated photo on file. Children under 6 must have their photo updated every year. Please bring your family and this form to The Grange or Taft House to register your family and have your pictures taken. Family members, who are not available for pictures when you register, must have their picture taken prior to their first visit to the pool. Each member of your family is given a KEY FOB that you will scan each time you enter and exit the pool area. The purpose of your photo is to provide a visual I.D. check for the pool staff. The following information will be held confidential and is not shared with anyone else. If you have misplaced your key fob, you may purchase a new one at The Grange or Taft House for a \$10 replacement fee per FOB or \$25 maximum per household.

**Office Use Only**

Date Submitted: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Consent To Tenant: \_\_\_\_\_

Lease: \_\_\_\_\_

Assessor: \_\_\_\_\_

**Office Use Only (Staff Notes)**

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\* PRIMARY RESIDENT #1

\* PRIMARY RESIDENT #2

RELATIONSHIP TO PRIMARY RESIDENT #1

\* CELL (Res 1):

CELL (Res 2)

\* I OWN  or \*\* RENT

\* EMERGENCY PHONE

\*\* Consent to  
Tenant Form  
required for  
all renters.

\* EMAIL

\* STREET ADDRESS

CONTINUED ON BACK

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**Please List All Family Members within the household including yourself.**

<b>First Name</b>	<b>Last Name</b>	<b>Birthday (mm/dd/yyyy)</b>	<b>Male or Female</b>	<b>Relationship to Resident #1 (Ex: self, spouse, child)</b>	<b>Medical (Include anything that may be important in an emergency)</b>
				<b>Self</b>	

**List Additional Members – Additional Members \$55 per member**


**Caregiver Passes are \$70 and may only visit pool with children listed above. Caregivers may not be the Primary/Secondary Residents listed or any of the listed Members of the Common Household Group.**

**Check Box For Caregiver Pool Pass \$70**

**Guests:** Members may bring Guests to the pool for a fee of \$7 per person per day (for ages 3 and up). There is a limit of ten (10) Guests per household, per year, only on a space available basis. The MNC reserves the right to change, without notice, the number of maximum number of Guests permitted per household per day, based on capacity.

**Households needing more passes than form allows, must see a MNC staff member.**

(If 18 or over, otherwise Parent or Legal Guardian).

MCA Resident: I, the undersigned, hereby acknowledge that use of The Meadows pools may result in injury to me. I hereby assume all risk of personal injury, death or property damage that may arise while myself, my minor child(ren) and my guests are participating in such activity and further release The Meadows Neighborhood Company and its officers, employees, agents and all representatives and sponsors from any liability therefore or contribution of such liability.

**All residents must have a COVID waiver on file to use pool facilities for 2021.**

**Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_