

**WAVERLY WOODS OWNERS ASSOCIATION ACCESS CARD REGISTRATION FORM  
NON-RESIDENT**

Main Contact Name			
Address			
City, State Zip			
Phone		Email	

ADULTS	
<u>First Name</u>	<u>Last Name</u>

CHILDREN – Please identify swim team swimmers		
<u>First Name</u>	<u>Last Name</u>	<u>Age</u>

CHILD CARE PROVIDER Name and Picture	
<u>First Name</u>	<u>Last Name</u>

**No cards will be mailed. You must sign for the cards upon pick-up**

NUMBER OF CARDS REQUESTED: _____	CHECK NUMBER: _____	AMOUNT OF CHECK: _____
<p><b>** The first access card is included with your registration fee of \$475 (swim team) or \$950 (open) per family. Additional cards are available upon request. The cost is \$25 per additional access card. Please make all checks or money orders payable to:</b></p> <p align="center"><b>Waverly Woods Owner Association 5304 Dorsey Hall Drive Ellicott City, MD 21042</b></p> <p><b>*PLEASE NOTE: Registration fee is non-refundable and not prorated under any circumstances.*</b></p>		
<p><b>INSTRUCTIONS:</b> Digital photos should be a jpeg file. Legal full name with each photo. Email application and photos to: <a href="mailto:admin@fremllc.com">admin@fremllc.com</a> (This should only include individuals residing in your home). Or you may mail this completed form and photos to the address above. One childcare provider card can be requested with a family pass for a \$25 fee payable by check or money order only. Lost/Replacement/Damaged cards will be turned off and cost \$25 to replace. <b>DO NOT punch holes, bend or crack your cards this will cause damage and require replacement.</b></p>		
Address	2180 Warwick Way, Woodstock, MD 21163	
2025 Season:	May 24 – through July 31 (swim team) or September 1 (open)	
	<p>While Howard County schools are in session: Monday-Friday, 4:00 p.m. – 8:00 p.m. Weekends, 10:00 a.m. – 8:00 p.m.</p> <p>After Howard County schools close for summer: Daily, 10:00 a.m. – 8:00 p.m.</p>	
<p><b>FAMILY STATEMENT:</b> I have received, reviewed, and understand all Waverly Woods Owners' Association Outdoor Pool Rules and Regulations. I and all registered members on this application agree to follow them at all times while utilizing the pool facilities and understand the facility is <b>"USE AT YOUR OWN RISK"</b>. I attest that all persons listed above, live in and are primary residents at the above listed address and no outside friends, family or associates are falsely listed as primary resident holders at this address. Waverly Woods Owners' Association reserves the right to deny access, revoke access card(s) with NO REFUND, for falsification of any associate/family member without proof of primary residency at the above listed address. All residents listed on this application can provide proof of residency at the address listed above. I understand the registration fee is non-refundable and not prorated under any circumstances.</p>		

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_