

Pool Pass Application

Print this form out and print information clearly. Applications with missing information will be returned

returned.								
PART A: Homeowner Information								
WHC Address:								
Owner's Name:								
Owner's Address:								
Owner's Home Phone:	Owner's Alternative Phone:							
Owner's E-mail Address:								
PART B: Residents at this Address								
Name(s):								
☐ Adult ☐ Child (5 yrs. or older)								
☐ Adult ☐ Child (5 yrs. or	older)							
☐ Adult ☐ Child (5 yrs. or older)								
☐ Adult ☐ Child (5 yrs. or older)								
☐ Adult ☐ Child (5 yrs. or	☐ Adult ☐ Child (5 yrs. or older)							
☐ Adult ☐ Child (5 yrs. or	older)							
PART C: Signature								
Owner's Signature: Date:								
Except for willful misconduct or gross negligence, the owner and/or tenant applicants agree to indemnify and hold harmless Westchester Hills Condominium, its officers, employees, agents or representatives, collectively the "Association", from and against any and all claims or damages arising from the actions or failure to act by the Association with respect to the operation of the swimming pool and related facilities. All residents and guests of this address agree to abide by the swimming pool rules and regulations for Westchester Hills Condominium. I confirm that all of the above residents (PART B) live at this address.								
PART D: Tenant Information (if applicable)								
Leaseholder's Name(s):								
Tenant's Home Phone:			Tenants Alternate Phone:					
Lease Term:			То:					
harmless Westchester Hills Co "Association", from and again Association with respect to th this address agree to abide by	ondominium, st any and a e operation the swimmi	, its officers, Il claims or d of the swimr ing pool rule	employees, agents or represe amages arising from the action ming pool and related facilities and regulations for Westches	ons or failure to act by the es. All residents and guests of				
Tenant's Signature:				Date:				
Costs								

REMEMBER:

- 1. Application must be signed by the homeowner, or the tenant and homeowner, as applicable.
- 2. Your Common charges account must have a zero (\$0.00) balance for access to the pool.

Office Use Only	# of Adult Passes:		# of Child Passes:		# of Guest Passes:
Check #:	neck #: Check Amo		ount:	Date	e Processed:

Once completed call 914.592.9229 or press the "Contact Us" button on http://westchesterhillscondo.com for the application status.

Addendum to WHC Pool Rules regarding COVID-19 procedures for use of WHC pool

NO PARTIES ALLOWED

NO ADMITTANCE WITHOUT A WHC POOL PASS

NO FOOD ALLOWED ANYWHERE IN POOL AREAS

NO USE OF REC HALL

FACE COVERINGS ARE REQUIRED TO ENTER AND LEAVE THE POOL AREA

Before entering the pool and as part of the Pool Application, all patrons using the pool must agree and be able to testify to the following:

Access to the pool is not allowed if you can answer yes to any part of the following questions:

1-have or have had in the past 24 hours a cough, fever, shortness of breath or other symptoms of illness?
2-In the past 14 days, been in close contact with someone suspected or

2-In the past 14 days, been in close contact with someone suspected or confirmed as having COVID-19?

YOUR POOL PASS should be placed on the table where the pool monitor sits so that your information can be recorded by the pool monitor. Do not touch anything on the pool table. Take your pool pass with you once your information has been recorded.

Social distancing by non-family members must be used at all times in order for the pool to remain open; refusal to follow 6-ft social distancing when on the pool decks, hand sanitizing, and wearing of masks in any tightly confined spaces or when deemed necessary, may result in the closing of the pool.

Please be aware that WHC must adhere to and document hygiene and sanitation requirements from the Centers for Disease Control and Prevention (CDC) and Department of Health (DOH).