Add / Remove Resident to Usage Agreement

Date Requested: _____ / _____ / _____

Individual Requesting **Addition/ Removal**: _____

Address: _____
  Street   City   St   Zip

Phone Number(s): (_____) _____ (_____) _____

Email: _____

Name of Individual to **Add ⁄ Remove**: _____ D.O.B: _____ / _____ / _____ (M/F)
  (circle one)   **(print)**

Name of Individual to **Add ⁄ Remove**: _____ D.O.B: _____ / _____ / _____ (M/F)
  (circle one)   **(print)**

Name of Individual to **Add ⁄ Remove**: _____ D.O.B: _____ / _____ / _____ (M/F)
  (circle one)   **(print)**

Name of Individual to **Add ⁄ Remove**: _____ D.O.B: _____ / _____ / _____ (M/F)
  (circle one)   **(print)**

Any medical conditions that you would like noted on your account:

_____

_____

*If the individual being added to the account is over the age of 18 years, they must sign a usage agreement prior to usage of the facility or being issued an ID badge.

Individual Requesting Addition/Removal:

_____   _____ / _____ / _____
                    Signature   Date