

2020 Oakwynne House Pool Application

1209 West Wynnewood Ave., Wynnewood, PA 19096

Property Manager – Amie Potter

APotter@uchweb.com – phone: (610)-896-7460 – fax: 610-896-7461

*** Pricing / Information ***

Tenant: Pool Membership Fee	First Person - \$95.00 / Season
(Current Tenants Only)	Each Additional Person - \$70.00 / Season

Applicant for pool membership must be in good standing

Pool Hours: Wednesday- Sunday 11:30AM – 6:45PM

POOL HOURS SUBJECT TO CHANGE DUE TO LIFEGUARD AVAILABILITY / WEATHER / TOWNSHIP REGULATIONS

I / We hereby apply for membership to the Oakwynne House Pool

Applicant A (Primary): _____ Occupation: _____

Applicant B: _____ Occupation: _____

Apartment Community: _____

Apartment #: _____

Cell Phone # - Applicant A: _____ B: _____

Email Address – Applicant A: _____ B: _____

****** Additional Household Members for Pool Memberships ******

Name	Date of Birth	Name	Date of Birth
#1:		#2:	
#3:		#4:	
#5:		#6:	
#7		#8:	

******Emergency Contact Information ******

Name:	
Home/Work/Cell Phone #	
Address:	
Relationship	

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WAIVER AND ACKNOWLEDGMENT

I/We have read the Rules and Regulations for pool membership, agree to inform those other members and guests to whom this application applies of these Rules and Regulations and agree to obey them myself. I/We understand that memberships are not transferable, may not be used by any other person, and may be revoked for the season if this or any other rule is violated. I/We, the parent/s or guardian/s of the child/children who are applicants for swimming pool membership, hereby grant our approval for such child/children's participation. I/We acknowledge that I/we, and not the Oakwynne House Pool or its employees, are responsible for the welfare of such child while a participant. I/We hereby release and hold harmless Oakwynne House Associates, LP, University City Housing Company, Michael Karp, Lisa G. Kaminsky, their officers, agents, heirs, assigns, executors, administrators, affiliates, owners, employees, sponsors, and organizers from all liability for any damage and injury to any person or thing in connection with use of the Rosemont Plaza Pool facility. Furthermore, I/We hereby agree to refrain from bringing suit against any of the above-named on my behalf or on behalf of such child/children as a result of any such damages or injuries to any person or thing that occurred in connection with the above activity.

COVID-19 Precautions

- Pool/pool deck may only be used by current Residents in good standing
- Residents must pre-register and reserve a time slot and designated seating area
- No guests permitted
- Beach and stadium chairs only; No lounge chairs, umbrellas or pop-up tents
- NO pool toys, kick boards, etc.
- NO coolers permitted; small lunch size bags only
- STAY HOME if you have a fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea
- STAY HOME if you have Covid-19, have tested positive for Covid-19, or were exposed to someone with Covid-19 within the last 14 days
- FACE MASKS must be worn
 - When Physical Distancing is difficult
 - When entering or exiting the pool/pool deck
 - When you are not in your assigned area
- Remove your face mask before entering the swimming pool
- PHYSICAL DISTANCING to be practiced inside and outside of the pool
- NO congregating
- A hand sanitizer or hand wash station is available on the pool deck
- Traffic flow patterns must be followed
- If ANY of the pool rules are violated, you and the other members of your household will be asked to leave and may not be permitted to return during the 2020 season
- Pool hours may be altered at any time without notice

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- Residents must adhere to the following check-in procedures
 - Show current resident ID
 - Show reservation confirmation
 - Complete no touch temperature check. Anyone with a fever over 99.8 degrees will not be permitted to return to the pool for 3 days
- When reserving time at the pool, residents must consent that the following statements are true:
 - No one in their household has a fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea
 - No one in their household has had contact with a person suspected or confirmed to be infected with COVID-19.
 - No one in their household has been quarantined in the past 14 days.
 - All members of their household have been practicing social distancing.

Applicant A Signature: _____ **Date:** _____

Applicant B Signature: _____ **Date:** _____

Provide your Property Manager with payment, application and Pool Rules/ Regulations by **June 26th, 2020**. Please make Check or Money Order Payable to **Oakwynne House Pool**

NO REFUNDS AFTER POOL OPENS

**HOURS ARE SUBJECT TO CHANGE DUE TO LIFEGUARD
AVAILABILITY.**

For Office Use Only:

Received By: _____ Date: _____ Check/ Money Order #: _____ Bank: _____ Entered Into System: _____