



Access Granted Systems, LLC  
11 Bee Tree Mill Court  
Parkton, MD 21120

# Swimming Pool Application

We look forward to a safe, fun, and exciting summer. This summer, your community is using [www.swimmingpoolpasses.net](http://www.swimmingpoolpasses.net) to generate ID cards for all patrons. Each patron must present his or her pool pass to gain entry into the pool area.

Children 5 years old or younger do not need a pool pass.

## How do I receive my pool passes?

1. Apply online at <https://swimmingpoolpasses.net/BBCCA>

**OR**

1. Submit this pool *Application*.
2. Attach a colored forward-facing picture of each member of your household.

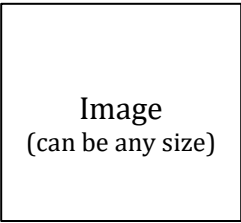
Mail the above items to: Access Granted Systems, LLC  
11 Bee Tree Mill Court  
Parkton, MD 21120



Scan QR code to apply now!

Please allow 7-10 business days for processing and shipping time. **For quicker processing, apply online.**

Household Members



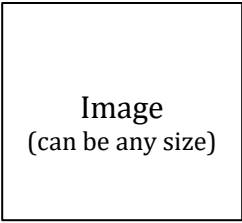
First Name

Last Name

Date of Birth

Relationship to Owner\*

\* Not required if renter



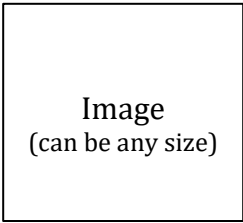
First Name

Last Name

Date of Birth

Relationship to Owner\*

\* Not required if renter



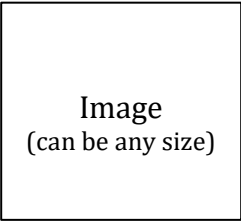
First Name

Last Name

Date of Birth

Relationship to Owner\*

\* Not required if renter



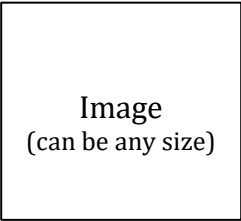
First Name

Last Name

Date of Birth

Relationship to Owner\*

\* Not required if renter



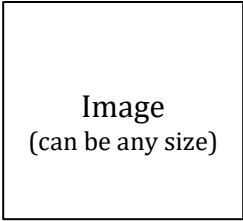
First Name

Last Name

Date of Birth

Relationship to Owner\*

\* Not required if renter



First Name

Last Name

Date of Birth

Relationship to Owner\*

\* Not required if renter

Important: Please label each image

(Use additional pages if needed)

## Address

\_\_\_\_\_  
Address City State Zip

## Homeowner Information

☐ I am the homeowner

☐ I am a renter

\_\_\_\_\_  
Owner Name

**\*If you are renting.** you must include with this application a signed *Delegation of Use* form.

## Additional Information

\* One Email address is required per household. If you decline to submit an email address, all communication must be completed through the mail.

☐ I do not wish to submit my Email address

If we need to reach you, whom should we contact?

\_\_\_\_\_  
Name Phone Number Email

## Final Checklist

☐ I have enclosed my *Pool Application*

☐ I have enclosed my signed *Waiver and Release*

☐ I have enclosed my signed *Delegation of Use* form if applicable

For each member of my household....

☐ I have enclosed my profile image(s) and labeled each one.



**Call 911 for emergencies:**  
Building address is 1760 Golfview Drive  
Blue Bell, PA 19422

## POOL WAIVER AND RELEASE

In consideration for being permitted to use the pool facilities owned and operated by the Blue Bell Country Club Community Association®, and intending to be legally bound hereby, each of the undersigned agrees to the following:

1. I acknowledge that prior to using any of the pools, if I have any concern about the condition or safety of the pool; and/or if I believe anything is unsafe, I will immediately stop and get out of pool. If at any time during use, I feel that the equipment is unsafe or I feel unsure as to the safety of the activity I am engaging in, I will immediately cease to participate.
2. I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions but from the actions or inactions or negligence of others and that there may be other risks not known or not reasonably foreseeable at the time of such activity. I agree to assume all the foregoing risks (and any others that may come from use of the Pool) and accept personal responsibility for the consequences of any injury, permanent disability or death.
3. I agree to release and hold harmless the Association, its officers, directors, employees, management staff, agents, contractors, vendors, and each of their successors and assigns from any liability, claim, suit, action demand, damage or cost or expense of any nature arising out of any personal injury and/or property damage that I or my guests might suffer as a result of any participation by me, my guests, or other participants on any property owned, leased or rented by the Association. I acknowledge that by signing this Waiver and Release, I am waiving certain legal rights, including, without limitation, the right to sue the parties named above arising out of any personal injury and/or property damage that I, or my guests, may suffer, directly or indirectly, while using the Pool Facilities.
4. I acknowledge that I am entering into this Waiver and Release of my own free will and without duress on behalf of myself, my family members, and any guests that I may bring to the Association property, activities and events. I further acknowledge that it is my responsibility to make sure that any guests which I bring to the Pool are aware of this Waiver and Release and agree to its terms prior to their use.

THE UNIT OWNER / RESIDENT HAS READ THE ABOVE WAIVER AND RELEASE AND UNDERSTANDS THAT HE / SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY FOR THE UNIT.

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

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

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

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

Unit address: \_\_\_\_\_

*The master R&R for Community Center applies to all facilities inside the building.*

# Owners Delegation of Use Form

As the owner of the property located at

\_\_\_\_\_ (Street Address) in the Owners Association development, I hereby delegate all rights to the use and enjoyment of the common area and common facilities (swimming pools) to my tenants/lessees as they are named below.

I further agree that by so delegating these rights, I am not entitled to use and enjoy the common areas so long as the residence is occupied by the tenants/lessees unless I am residing in another residence in the development.

In delegating these rights I understand that my tenants/lessees are subject to the Declaration of Covenants, Conditions and Restrictions, Bylaws and other rules published; by the Owners Association and that I will advise my tenants/lessees of these documents and ensure that they have a copy of them available for review. Further, I will cooperate with and assist the Board of Directors of the Association in rectifying any problems, violations, etc., associated with my tenants/lessees relative to the above mentioned documents.

This delegation shall apply only to the tenants/lessees occupying the property at the time it is completed and signed. In the event that the current tenants/lessees vacate the property, their rights hereunder shall terminate immediately and I will be required to complete another delegation form for any and all future tenants/lessees.

## Owner Information

|              |       |       |                 |
|--------------|-------|-------|-----------------|
| _____        | _____ | _____ | Name of Owner   |
| Phone Number | Email |       |                 |
| _____        | _____ | _____ | Owner Signature |
| Date         |       |       |                 |

## Tenant Information

Name of Tenant

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |