



# REGISTRATION FORM

(Please Print)

Today's date:					
<b>RESIDENT INFORMATION</b>					
Resident's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.
Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Street address:			Home phone no.: ( )		
City:		State:	ZIP Code:		
E-MAIL ADDRESS					
<b>**EACH PERSON MUST REGISTER SEPERATELY</b>					

<b>IN CASE OF EMERGENCY</b>			
Name of local friend or relative:	Relationship to resident:	Home phone no.: ( )	Work phone no.: ( )
<p>The above information is true to the best of my knowledge. I consent to holding River Place and/or River Place Owner's Association irrepachable from accidents and injury resulting from use. I understand that by signing this document, I am in compliance of the rules and regulations set out by River Place and River Place Owner's Association.</p>			
_____ Resident Signature		_____ Date	

<b>FOR MANAGEMENT USE ONLY</b>			
Name of Resident:	Issue Date:	Expiration Date:	Status (circle one): Adult Child
_____ <i>Manager's Signature</i>		_____ Date	