

**GLENDALE LAKES UMBRELLA ASSOCIATION  
INFORMATION SHEET**

*The information requested is for the Association files and is kept confidential until there is a need. The Property Management/Managing Agent will have the right to access and use the information for control of the health, safety, or welfare of residents or property. Please, DO NOT leave any blank space. Indicate with "N/A" for any areas that do not apply to you.*

**UNIT OWNER(S) INFORMATION**

Unit Owner(s) Full Legal Name: \_\_\_\_\_  
(as it appears on title)

Address: \_\_\_\_\_

Mailing Address : \_\_\_\_\_  
(if different from unit address)

E-mail address \_\_\_\_\_

**RESIDENT (POOL USER) INFORMATION**

Phone number(s) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(home) (cell phone) (work)

Contact person in case of emergency \_\_\_\_\_  
(Full Name)

Phone number(s) \_\_\_\_\_ / \_\_\_\_\_  
(contact person) (home) (cell phone)

**Badges: Please list the badge number**

Badge \_\_\_\_\_

**Please list the full legal name of all, adults and children-including the birth date, residing in the unit:**

- |          |                    |
|----------|--------------------|
| 1. _____ | 4. _____ DOB _____ |
| 2. _____ | 5. _____ DOB _____ |
| 3. _____ | 6. _____ DOB _____ |

I(We) hereby state that all persons listed on this form are residents of the above unit. In addition, I (We) acknowledge that the Board of Directors, the property manager, their designees, agents or employees reserve the right to request proper identification documents from those using the facility under these badge numbers. By signing this form I (We) agree: to pay for any medical services which may be required due to an accident occurred on the association premises or illness generated by such accident and to authorize the association, current and future board members, employees, agents or designees to seek medical help (if needed at the time of the occurrence) for any person listed on this form or guests of mine, if an adult and/or the emergency contact person listed on this form cannot be reached and to indemnify, defend and hold harmless the association current and future board members, employees, agents or designees against any and all actions, costs, expenses incurred as a result of seeking medical help. Further, I (we) understand that the governing documents, the rules and regulations of Glendale Lakes Umbrella Association and DuPage Health Department are binding on me as member in the association, my family, tenants and their family members, agents, employees residing in my unit and I (We) take full responsibility for the actions or inactions of my guests and/or my tenant's guest.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(of the owner)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(of the tenant-if applicable)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(of the owner)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(of the tenant – if applicable)

**By submitting such information to the association you will have access to the facility.**  
Please RETURN a completed, signed and dated form to Glendale Lakes Umbrella Association,  
P.O. Box 87106, Carol Stream IL 60188, or e-mail: glendalelakesumbrella@gmail.com