



TENANT REGISTRATION AND ASSIGNMENT OF USE PRIVILEGES FORM

This form is to be completed by Sun City Civic Association owners and tenants who rent or lease their property.

If you rent your home, please note that the tenant must bring in a copy of the lease or rental agreement with this form.

OWNER INFORMATION

DATE: _____

SCCA PROPERTY ADDRESS: _____ Account # _____

OWNER NAME(S): _____

Home or Cell No.: _____ E-mail: _____

Emergency Contact Name: _____

Phone No.: _____ Relationship: _____

I/we hereby transfer the right to use the Sun City Civic Association (SCCA) facilities/campus and Corbett Park for the period of _____ to _____, unless sooner terminated. I hereby acknowledge full responsibility for the actions of my tenants when using the SCCA facilities/campus and recognize that I will be held directly responsible for the violation of the Rules and Regulations by my tenants including any fines issued by the SCCA. I will provide my tenants with a copy of all the Rules and Regulations.

I/we understand that if the tenants rent a space at Corbett Park, that I/we are responsible for removal of any recreational vehicle left in the space if the tenant vacates the home. I/we understand that I/we cannot rent a space in Corbett Park once privileges are assigned to the tenant.

I understand that the cost for cards will be: First 2 cards free per home if old cards presented, additional 3rd card will be \$75.00 each, additional 4th card will be \$100.00 each, additional or lost cards will be \$100.00 each and if not returned upon the tenant vacating the home, each outstanding card will be charged at a rate of \$100.00 per card. I/we understand that I/we cannot obtain a card once privileges are assigned to the tenant.

Signature of Owner: _____ Date: _____

TENANT INFORMATION

Please list the names of all occupants of the home in the space below. Copy of the current lease/rental agreement listing all occupants, proof of residency and Age Verification Form must be presented or on file.

NAME (PLEASE PRINT)	DATE OF BIRTH	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/we acknowledge and agree on behalf of myself, my family and our guests, for whom we are responsible that the use of the Sun City Civic Association (SCCA) facilities operated by the SCCA, including but not limited to: pools, spa, exercise room, lapidary, wood shop, ceramics, art room, historical room, billiards, horseshoes, shuffleboard, lawn bowling, amphitheater, Civic Hall, North Town Hall, Webb Hall involve potential risk of serious injury to person undertaking these activities or using these facilities. I fully understand that athletic activity or use of machinery by its very nature can be hazardous and may lead to injury to me or damage by personal belongings.

I /we understand that by signing this form I/we, my/our family, and our guests, for whom we are responsible, agree to assume the inherent risks of potential injury by participation in athletic and recreational activities on the property of SCCA. Additionally I acknowledge receiving and reading the Rules & Regulations for the SCCA.

On behalf of myself, my family, and our guests, for whom we are responsible, I release from liability and hold harmless the SCCA as a result of such activities and waive any claims that I or my family and/or my guests may otherwise have or acquire against the SCCA, its officers and directors, agents or employees for injury occurring as a result of any use of the SCCA facilities, grounds and activities of the SCCA generally located at 26850 Sun City Blvd. in Sun City.

On this date I/we have received photo activity cards for residents over the age of 55. I/we understand that the cost for cards will be: First 2 cards free per home if old cards presented, additional 3rd card will be \$75.00 each, additional 4th card will be \$100.00 each, additional or lost cards will be \$100.00 each and if not returned upon the sale of the home, each outstanding card will be charged at a rate of \$100.00 per card.

Signature of Tenant: _____ Date: _____

OFFICE USE ONLY

Date: _____ Staff Initials: _____

Age Verification Form: _____ Copy of Valid ID: _____ Proof of Residency: _____

Qualified Resident/Caregiver/Physician Certificate Form: _____

Lease/Rental Agreement: _____ Property Mgmt. Co Authorization: _____

Cards #: Resident #1: _____ Resident #2: _____
 Resident #3: \$75.00 _____ Resident #4: \$100.00 _____

Check #: _____ Amount: _____