



**THE FOUNDATION OF PELICAN MARSH, INC.**

*1504 Pelican Marsh Boulevard*

*Naples, Florida 34109*

*Phone 239.594.7800 • Fax 239.594.1811*

**THE FOUNDATION OF PELICAN MARSH, INC.**

**Registration Paperwork**

**Welcome to Pelican Marsh!**

Please fill out the attached forms email them to Monique Rowell at [mrowell@pelicanmarsh.com](mailto:mrowell@pelicanmarsh.com). Below is a brief description of each form.

- The first form (page 2) is for the CDD, (community development district), they run our gates and access control. Once they receive this form from us at the Foundation, it takes 24-48 hours for your name to be entered in their system. Once you are in their system you can call the CDD for a transponder. Please call the CDD at 239-592-5181 for all questions regarding access control or transponders. The Foundation does not have any affiliation with the gates or the CDD other than the attached form that we have new residents fill out.
- The second form (page 3) is our fitness waiver, we just ask that you read and sign this form. If you would like a complimentary fitness orientation, check the box at the bottom of this form, and provide a phone number where one of our fitness trainers can call you for an appointment.
- The third form (page 4) is the Foundation at Pelican Marsh resident information sheet. If you would like to receive eblasts regarding activities, tennis/pickleball, fitness, and Foundation information, here at the Community Center, please check off the box at the bottom of the form and we will add you to our constant contact eblast system.
- The Fourth form (page 5) is optional and only if you play tennis/pickleball.



CDD/Gate \_\_\_\_\_  
Citrix \_\_\_\_\_  
Excel \_\_\_\_\_  
Court Reserve \_\_\_\_\_  
Get Quorum \_\_\_\_\_  
Website/Opt-In & Email \_\_\_\_\_

THE FOUNDATION OF PELICAN MARSH, INC.  
**Resident Registration**

New Owner Name 1: \_\_\_\_\_

New Owner Name 2: \_\_\_\_\_

Pelican Marsh Address: \_\_\_\_\_

New Owner 1 Cell # \_\_\_\_\_ New Owner 2 Cell # \_\_\_\_\_

New Owner 1 Email: \_\_\_\_\_ New Owner 2 Email: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Cell # \_\_\_\_\_

Children under age 21, names and birthdates:

\_\_\_\_\_

Other residents of the home & relationship to Owner:

\_\_\_\_\_

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Pelican Marsh Representative

\_\_\_\_\_  
Date



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**FITNESS CENTER POLICIES AND INFORMED CONSENT FORM**

To help maintain a healthy and safe environment for all residents and their guests, please take a moment to read, sign and return the following:

- We **STRONGLY RECOMMEND** a change of shoes or use of the shoe cleaner prior to using any fitness equipment if coming from Tennis or Bocce courts.
- Observe a 30-minute limit on all equipment when others are waiting.
- Refrain from cell phone use within the Fitness Center.
- Return equipment to designated areas after use.
- Do not drop weights. If you can't set it down quietly, don't pick it up.
- Children under the age of 12 are not permitted.
- Residents 12 to 15 years of age must be accompanied by and under the direct supervision of an adult.
- Only certified Personal Trainers approved by the Director of Fitness may professionally train or provide orientations to residents.

I have read, understood, and agree to adhere to these policies. I hereby state I am in good health and am utilizing fitness equipment, participating in exercise, fitness classes or receiving a service from the Foundation of Pelican Marsh, Inc. (hereafter referred to as FPM) at the Community Center without the benefit of any physical fitness evaluation or health history consultation. I hereby waive any and all claims for myself and my heirs against the FPM Community Center, employee of, or individual officer thereof, for any injury or illness which may result directly or indirectly from utilizing the FPM Community Center facility or equipment, participation in exercise programs or receipt of services of FPM Community Center.

I acknowledge that I understand proper use of the equipment.

\_\_\_\_\_  
Name (Please Print legibly)      Resident #1

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print legibly)      Resident #2

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Authorized Pelican Marsh Representative

☐ Please have a staff member contact me to schedule a complimentary fitness orientation.

Phone # \_\_\_\_\_



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## Resident Information Sheet

In order for the Foundation of Pelican Marsh to communicate and keep the residents properly updated on important subjects about the Community, please complete the following information and return to: [MRowell@pelicanmarsh.com](mailto:MRowell@pelicanmarsh.com)

Resident Name: \_\_\_\_\_

Pelican Marsh Home Address: \_\_\_\_\_

Northern Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pelican Marsh Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Northern Home Phone #: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

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

2<sup>nd</sup> Email Address (if applicable): \_\_\_\_\_

The Foundation does one mailing a year in March (the Annual Meeting Mailing). Please indicate which address you would like your mailing sent to or check if you would like to consent to electronic voting.

☐ Electronic Voting

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date



THE FOUNDATION OF PELICAN MARSH, INC.  
**Optional Court Sports Opportunities**

Player 1 Name: \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Player 2 Name: \_\_\_\_\_

Cell # \_\_\_\_\_ Email: \_\_\_\_\_

Pelican Marsh Address: \_\_\_\_\_

Are you a (please check one) Owner: \_\_\_\_\_ or Tenant: \_\_\_\_\_

**Are you interested in Tennis?** Yes \_\_\_\_\_ No \_\_\_\_\_ Level \_\_\_\_\_

**Are you interested in Pickleball?** Yes \_\_\_\_\_ No \_\_\_\_\_ Level \_\_\_\_\_

Would you like to be added to the Public Groups? Yes \_\_\_\_\_ or No \_\_\_\_\_

\_\_\_\_\_  
Player 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Player 2 Signature

\_\_\_\_\_  
Date