



Key Tag # _____ Enrollment Date _____

Triathlon Program Enrollment Application

Participant Name _____ DOB _____ Email _____

Parent Name(s) if applicable _____

Participant Address _____ City/State _____ Zip _____

Telephone Home _____ Work/Cell _____

Additional Family Member, DOB & Email _____

(continue on back side of form if adding more than 1 additional family member)

Emergency Contact Name _____ Phone _____

How did you hear about us? _____

I hereby understand and acknowledge that enrolling my child or myself in this program sponsored by Huntersville Family Fitness and Aquatics ("HFFA") may expose me to many inherent risks, including accidents, injury, illness, or even death. I certify that I have disclosed to this facility any restrictions or conditions that may hinder myself and/or my child's participation in this program, including those activities/field trips required or involving transportation. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me. I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and the HFFA furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE HFFA, Swim Club Management Group of Charlotte, Inc, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the HFFA training, programs and/or events. I HAVE READ CAREFULLY THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed _____ Date _____ (Participant or Parent/Guardian - Must be 18)

Printed Name _____

Triathlon Program Charge Authorization

HFFA requires the following information and authorization to charge your credit/debit card for the months you/your children are participating.

Description of Monthly Training	Monthly Training Fee	HFFA Membership Fee <i>*Upgrade individual to family - \$55</i> <i>*\$15 Annual maintenance fee - \$15</i>	Total Monthly Fee
FAMILY - Unlimited HFFA TRI workouts per week	\$165	\$55	
GOLD LEVEL - 3 HFFA TRI workouts per week	\$130	\$35*	
SILVER LEVEL - 2 HFFA TRI workouts per week	\$100	\$35*	
BRONZE LEVEL - 1 HFFA TRI workout per week	\$75	\$35*	

Your ongoing monthly billing reflects \$ _____ charges for training plus \$ _____ charges for HFFA membership per month, and a \$15 annual facility maintenance fee. I understand there is a 30-day notice cancellation period to terminate this discounted membership and training fees. I am responsible for filling out a termination form at the front desk to cancel my HFFA membership and will be responsible for any drafts that occur within that period.

Participant Name(s): _____

Routing #: _____ Checking account #: _____

\$5 Fee for using a credit card: Credit Card Type: O Visa O Master Card Exp. Date _____

Name as it appears on card: _____ Credit Card #: _____

By signing below, I hereby authorize HFFA to charge the above credit card for my child(ren)/myself to participate in the triathlon program. I understand this information is confidential and will be kept as part of my records. I will notify HFFA if I change financial institutions/credit card numbers so that my tuition is not delayed. I understand there is a 30-day notice cancellation period to terminate this membership and I am responsible for any drafts that occur within that period.

Signature: _____ Date: _____

FOR MORE INFORMATION CONTACT SARAH HART: 704-506-9403 or EMAIL SARAHHART@HUNTERSVILLE.ORG