



Triathlon Academy of the Carolinas Enrollment Application
2014

Participant Name _____ Age _____ DOB: _____

Parent Name(s) _____ Todays Date _____

Participant Address _____ City/State _____ Zip _____

Telephone Home _____ Work/Cell _____

Participant Cell _____

Participant Email _____ Parent Email address _____

Emergency Contact Name _____ Phone _____

USAT # _____ Expiration Date _____

How did you hear about us? _____

By enrolling my child or myself in this program, sponsored by Huntersville Family Fitness & Aquatics, 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 furthermore hereby release, discharge and hold harmless Huntersville Family Fitness & Triathlon Academy of the Carolinas, its employees, volunteers, instructors and contractor from all actions, claims demands and costs for any injury or illness suffered by myself and/or my child as a result of participation in this program and associated activities.

_____/_____/_____
Participant Signature (Parent/Guardian signature if under 18) Date



Triathlon Academy of the Carolinas Charge Authorization

Huntersville Family Fitness & Aquatics requires the following information and your authorization to charge your credit/debit card for the months you/your children are participating.

Description of cost per month				HFFA membership		Total Monthly Payment
	Adult Member	Youth Member		Team Fee PER YEAR	Type of membership	
Platinum Level (unlimited workouts) plus on- line plan	O\$205	O\$175		O\$55	Family	O\$55
Gold Level (3 workouts per week) plus on-line plan	O\$180	O\$150		O\$55	Adult	O\$35
Silver Level (2 workouts per week)	O\$80	O\$70		O\$55	Youth 5-12	O\$29
Bronze Level (1 workout per week)	O\$60	O\$50		O\$55	Youth 13-17	O\$29
Add all columns for TOTALS						

**Your ongoing monthly billing reflects \$_____charges for training plus \$_____charges for HFFA membership per month and a yearly club fee of \$ 55.00. I understand there is a 30 day notice cancellation period to terminate this discounted membership and I am responsible for any drafts that occur within that period.

Participant Name: _____

Name as it appears on card: _____

Credit Card Type: Visa Master Card Exp. Date _____

Credit Card #: _____

By signing below, I hereby authorize HFFA to charge the above credit card for my child(ren)/myself to participate in Triathlon Academy of the Carolinas. I understand this information is confidential and will be kept as part of my records. I will notify Huntersville Family Fitness & Aquatics 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.

Parent Signature: _____ Date: _____

For More Information Call 704-766-2236 • Or Email: kgoody@huntersville.org