Key Tag #_____

Triathlon Academy of the Carolinas Enrollment Application
2017

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 herby 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 age 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 HFFA Member	**Family 2 or more**	**Youth HFFA Member**		**Team Fee PER YEAR**	**Type of membership**		
Platinum Level (unlimited workouts)		**O$150**			**O$55**	**Family**	**O$55**	
Gold Level (3 workouts per week)	**O$150**		**O$125**		**O$55**	**Ind. Adult**	**O$35**	
Silver Level (2 workouts per week)	**O$80**		**O$80**		**O$55**	**Ind. Youth 5-17**	**O$29**	
Bronze Level (1 workout per week)	**O$60**		**O$60**		**O$55**			
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 cancelation period to terminate this discounted membership and training fees and I am responsible for any drafts that occur within that period.

Participant Name: _____

Name as it appears on card: _____

Credit Card Type: O Visa O 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 cancelation 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