



Key Tag # \_\_\_\_\_

## Triathlon Academy of the Carolinas Enrollment Application 2018

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_

Parent Name(s) \_\_\_\_\_ Today's Date \_\_\_\_\_

Participant Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work/Cell \_\_\_\_\_

Additional Family members with DOB: \_\_\_\_\_

Participant Email \_\_\_\_\_ Parent Email address \_\_\_\_\_

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, Triathlon Academy of the Carolinas, 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 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				<b>HFFA membership</b>		<b>Total Monthly Payment</b>
	<b>HFFA Member</b>	<b>Family 2 or more</b>	<b>Team Fee PER YEAR</b>	<b>Type of membership</b>		
Family Training		O\$165	O\$55	Family	O\$55	
Gold Level (3 workouts per week)	O\$135		O\$55	Individual	O\$35	
Silver Level (2 workouts per week)	O\$95		O\$55			
Bronze Level (1 workout per week)	O\$75		O\$55			
<b>Add all columns for TOTALS</b>						

**\*\*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. 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: \_\_\_\_\_

Checking account # : \_\_\_\_\_

**\$5 Fee for using a credit card:**

Credit Card Type:     Visa    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 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](mailto:kgoody@huntersville.org)**