



Carolina Synchro Club

2018-2019 Sea Stars Synchro Basics.

Ages 6 & UP



Participant Name _____ Age _____ DOB _____

Parent/Guardian Name(s) _____

Email: _____ School: _____

Address _____
(Street Address) (City, State, Zip Code)

Mother/Guardian (Cell) _____ Father/Guardian (Cell): _____

Emergency Contact: Name: _____ Phone: _____

How did you hear about us? _____

Please describe any allergies, medical conditions or other information that affect your swimmer's participation:

Session	Session Dates	Monthly Cost	HFFA Member Cost	No Classes
Thursdays 6:00-7:30pm	Sept 6-May 23	<input type="checkbox"/> \$110	<input type="checkbox"/> \$90	Nov 22, Dec 27, Jan 3, Apr 18
Saturdays 10:45-12:15pm	Sept 8 – Jun 1	<input type="checkbox"/> \$100	<input type="checkbox"/> \$80	Oct, 27, Nov 24, Dec 22, Dec 29, Apr 20, May 25
Thursdays & Saturdays	Sept 6-Jun 1	<input type="checkbox"/> \$175	<input type="checkbox"/> \$150	See Above

Note that classes may be canceled due to events, facility closings and other unanticipated reasons. Jan-May events are not indicated above and will be communicated separately. (Fees reflect cancellations for these events, although specific dates are not yet released.) In the event of cancelation, makeups will be offered.

PARTICIPANT RELEASE FOR _____:

By the enrollment of my child in this program, sponsored by Huntersville Family Fitness & Aquatics, I certify that I have disclosed to this facility and to the instructor any restrictions or conditions that may hinder myself and/or my child's participation in this program. In signing this waiver, I also give my permission for myself and/or my child to participate in all activities associated with this program, including those activities requiring or involving transportation. I furthermore hereby release, discharge and hold harmless Huntersville Family Fitness & Aquatics and its Synchro program, its employees, volunteers, instructors and contractors 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 if under age 18)

_____/_____/_____
Date

Do you give permission for your child's photograph, video, quotations and/or information to be used for educational purposes and publications including: newspapers, radio, television, newsletters, photographic displays, and publications such as news releases, pamphlets, brochures, websites and flyers? Names will not be used with picture without consent. _____ Yes _____ No

Participant Signature (Parent/Guardian if under age 18)

_____/_____/_____
Date