YEAR ROUND USA / AAU SWIMMING

HFC offers one of the top swimming programs for all ages in our area. Swimmers will have the opportunity to compete locally, regionally, nationally, and internationally. **Black and Gold** Groups will become members of AAU and USA swimming in the year round program. They must be able to swim a minimum of 300 yards without stopping and at least 25 yards of all four strokes, legally. Swimmers who want to join must try-out prior to registration for all levels.







Black and Gold groups will be teaming up with Central Arkansas Swim Club (CASC) based in
Little Rock during all USA swim meets. This is a great learning experience for our swimmers to team up with other
USA swimmers and compete as one club. Coaches reserve the right to determine which meets and events swimmers will swim in.
For all questions contact Coach Farrin. After each group is filled, we will start a waiting list.

(Swimmers will be contacted for try-outs as positions open.)

Black Group

This level will train swimmers to be able to compete at the highest levels of AAU and USA. Limited to 30 swimmers.

Monday, Tuesday, Wednesday, and Thursday at
6:00pm – 8:00pm. Competitions will be held on weekends.

Gold Group

This level will focus on stroke, technique, and basic race strategies in becoming a competitive AAU and USA swimmer. Limited to 20 swimmers. Practices will be Tuesday, Wednesday and Thursday $4:00 \, \mathrm{pm} - 5:00 \, \mathrm{pm}$. Competitions will be held on weekends.

Contact Coach Farrin for try-outs 870-862-5442 ext 13, 870-588-7177

fcain@sharefoundation.com

2019-2020 Swim Club Registration

Registration begins July 18th, Deadline: Sept. 3rd BLACK GROUP: Starts Tuesday, Sept. 3rd M, T, W, TH 6:00pm – 8:00pm GOLD GROUP: Starts Tuesday, Sept. 3rd T, W, TH 4:00pm – 5:00pm

(Please Print Below)

Name	First	Middle Nam
DOB	AGE	M or F
		(Circle one)
Address		
City, State, Zip		
Phone		
Cell		
E-Mail		<u>.</u>
Parent(s) Name(s)		
Swimme	r Info (History):	

Turn in Registration form and payment to the HealthWorks front desk before September 3rd 304 N Madison El Dorado AR 71730 For More information, call (870) 862-5442, ext. 13.

			MEMBER		NON-MEMBER		
Monthly	y Fees	Reg.	Mon. Fee.	(Payment In full)	Reg.	Mon Fee.	(Payment In full)
Black	(Sept July)	\$125	\$80	\$917	\$150	\$90	\$1,041
Gold	(Sept Jul y)	\$125	\$70	\$818	\$150	\$80	\$942

Payment in full prices above includes Registration and the 10% discount; however, Payment in full must be made at the time of registration to receive the discount.

Monthly Fees must be set up as monthly drafts by the 5th of each month.

By signing this form I understand that there is NO REFUND if for some reason my child is unable to participate. Payment of registration, 1st monthly fee, and signature of Waiver of Liability (Right) must be completed before swimmer is eligible to participate. Coaches reserve the right to determine which meets swimmers need to participate.



RELEASE, WAIVER, AND INDEMNITY OF CLAIMS: For and in consideration of the use or participation by me (or my child or children as identified above if a participant, collectively "child" whether one or more) in activities, classes, programs, events, parties, or instruction at HFC (as defined below), I, on behalf of myself (and my child if a participant), and my (and my child's) personal representatives, heirs, executors, administrators, agents, successors, and assigns, hereby release, waive, discharge, and hold harmless SHARE Foundation d/b/a HealthWorks Fitness Center ("HFC") and their officers, directors, employees, representatives, agents, successors, and assigns (collectively referred to as "Releasees"), from any and all liability, loss, claim, damage, demand, cause of action, or cost, on account of injury or death to my person or property, or person or property of my child, whether caused by the negligence of Releasees or otherwise, arising out of or related to my (or my child's) participation in activities, classes, programs, events, parties, or instruction at HFC. I agree to indemnify the Releasees and each of them from any liability, loss, claim, damage, demand, cause of action, or cost they may incur due to my (or my child's) participation in activities, classes, programs, events, parties, or instruction at HFC, whether caused by the negligence of the Releasees or otherwise. I assume full responsibility for my risk of bodily injury, death, property loss, or damage due to the negligence of Releasees or otherwise while I am (or my child is) participating in activities, classes, programs, events, parties, or instruction at HFC. I agree that this release, waiver, and indemnity applies regardless of the location of such activities, classes, programs, events, parties, or instruction. I further agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Arkansas, and that if any portion of this agreement and release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I also agree that Releasees are not responsible or liable for articles that are damaged, lost or stolen in or about the premises of

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE FOREGOING AND FULLY UNDERSTAND THAT IT IS A WAIVER AND RELEASE OF LIABILITY AND AN INDEMNITY AGREEMENT. I FURTHER UNDERSTAND THAT I AM WAIVING ANY RIGHT THAT I (OR MY CHILD) MAY HAVE TO BRING LEGAL ACTION TO ASSERT A CLAIM AGAINST THE RELEASEES, AND CONFIRM THAT ANY AND ALL QUESTIONS WERE ANSWERED TO MY FULL SATISFACTION.

THIS IS A CONTINUING WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT AND IS BINDING UPON ALL PERSONS WHOSE SIGNATURES APPEAR BELOW AND SHALL APPLY TO ALL SUBSEQUENT USES OF HFC AND ITS FACILITIES AND PROGRAMS UNTIL REVOKED IN WRITING BY THE UNDERSIGNED.

Upon signing this waiver, I represent and warrant that: (a) I am at least 18 years of age and otherwise competent to execute this agreement, and (b) (1) I am a legal and competent parent or guardian who has signed this agreement on mine and my child's behalf, or (2) I am legally authorized to execute this agreement on behalf of the child identified above. I hereby accept responsibility for myself and my child regardless of participation in activities. I also understand that I am responsible for all minor children within my care during my (or my child's) participation in activities, classes, programs, events, parties, or instruction at HFC.

Signature (18 and over)	Date
HFC Staff Signature	Date