



## 2019 HURRICANE SUMMER SWIM CLUB REGISTRATION INFORMATION

HealthWorks Swim Club is open to girls and boys ages 4-18. This program offers the opportunity to have fun while learning the 4 basic strokes of swimming. Swimmers will be competing against other recreational swim clubs in local communities.

**Requirement:** Swimmers must be able to swim 25 yards across the pool with no assistance. Doggy paddling is accepted.

**Registration:** Begins Monday, April 8<sup>th</sup> and ends Wednesday, May 15<sup>th</sup>, Team t-shirts and swim caps will be ordered Thursday, May 16<sup>th</sup>.

**New Swimmers:** April 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup> and 29<sup>th</sup> 5:30pm held in the aquatics department party room for new swimmers.

**Practice:** Practices will be held Tuesday, Wednesday and Thursday's 4:00pm – 5:00pm each week until school is let out for the summer. Practice will begin Wednesday, May 1<sup>st</sup> Swimmers wanting to wait until school is out to start practicing is fine. But we ask that you still register before the deadline Wednesday, May 15<sup>th</sup>.

**Practice will change:** After school is out starting May 28<sup>th</sup> Monday, Tuesday, Wednesday and Thursday. Swimmers will be assigned to a group see below. Groups will be posted Wednesday May 22<sup>nd</sup>. Season Ends July 20<sup>th</sup> unless swimmer competes in Junior Olympics.

Black Group: 7:00am – 9:00am

Gold Group: 9:00am – 10:15am

Silver Group: 10:15am – 11:15am

Blue Group: 11:15am – 12:15pm

**Competitions** South Arkansas Swim Association (SASA) is sanctioned under the AAU most meets will be on Saturdays. To compete in the SASA Conference Championship, you must swim in 2 conference meets prior to the championship. Junior Olympics will be held in Greensboro, North Carolina You may qualify for Junior Olympics by time or by placing 1<sup>st</sup>-3<sup>rd</sup> in a qualifier meet. See meet schedule by contacting the aquatics department.

**SUIT ORDER INFORMATION:** **-sizing:** Sample suits will be available for fittings during registration April 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup> and 29<sup>th</sup> or between April 8<sup>th</sup> – May 15<sup>th</sup> anytime Monday – Friday.

**ORDERING:** Click the link below to order a suit and goggles.

<http://theswimteamstore.com/lgsteams/productcart/pc/viewCategories.asp?idCategory=3539&idAffiliate=1061> If you are unable to order online, then CALL All American Swim Supply @ 1-800-552-7946. To order your team swim suit, let them know the gender and size of the suit and that you are with HealthWorks Hurricanes Swim Club. We recommend that you order your team suit ONLINE by May 15, 2019, so you will have it for our first meet.





## 2019 SUMMER SWIM CLUB REGISTRATION FORM

Please fill out one registration form for each swimmer

Participants Name \_\_\_\_\_  
First Mid Initial Last

Birthday: \_\_\_\_\_ Age (of child before June 1, 2019): \_\_\_\_\_ Gender M / F

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ (Please print clearly)

Emergency Contact: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Registration Fee: (Please Check) HFC Member: \$200 \_\_\_\_\_ additional child \$175 \_\_\_\_\_

~Includes 1 team T-shirt, 1 team swim cap, HFC Nonmember: \$225 \_\_\_\_\_ additional child \$200 \_\_\_\_\_

trophy and team party YR-swimmer HFC member: \$50 \_\_\_\_\_ YR-swimmer HFC- nonmember: \$75 \_\_\_\_\_

### SWIMMER T-Shirt Size (SWIMMER'S T-SHIRT IS INCLUDED IN REGISTRATION)

(circle one) Y~sm, Y~med, Y~lg, A~sm, A~med, A~lg, A~Xlg other \_\_\_\_\_

**Extra T-shirts:** Can be ordered for parents, siblings, relatives, friends etc. to show team support.

Circle size and write how many of that size in the blank.

Youth: Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_  
 ADULT Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ XLg \_\_\_\_\_

**T-SHIRT COST: \$10 (# of Shirts \_\_\_\_\_) = \$ \_\_\_\_\_**

Aquatics Use Only
Group List _____
Meet Signup List _____
Email List _____
T-Shirt List _____
Hy-Tek _____
AAU Regist _____

### WAIVER OF LIABILITY AND INDEMNITY FORM

**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 HFC.

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

Turn in registration form and money to HealthWorks front desk. For more information call  
**862-5442 ext. 13 or 40**

304 North Madison, El Dorado, AR 71730 Fax: 870-862-9922

[www.healthworksfitnesscenter.com](http://www.healthworksfitnesscenter.com)

**No Refunds**