

# 2020-2021 SESSION

Limited to 8 participants for the duration of COVID-19 Phase 2



# HAC YOUTH TRICLUB

for Ages 6-14

September 15, 2020 — May 27, 2021

No training on 11/26, 12/24, 12/31

SWIM training



BIKE training



RUN training



## Tuesday & Thursday Training

TUESDAYS: Swim 5:00 - 5:45 pm

THURSDAYS: Bike/run 4:30 - 5:15 pm

Eight (8) sessions per month

Members: \$70/month

Non-members: \$85/month

See reverse for registration form ➔



**Aquatics**

Marsha Dombrowski

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## 2020 - 2021 SESSION *Registration Form*

For Official Use Only:

DT \_\_\_\_\_ POS \_\_\_\_\_ Excel \_\_\_\_\_ Email \_\_\_\_\_

Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PAYMENT

Enrollment for the Winter session of Youth Tri Club costs \$70/month for members and \$85/month for non-members per athlete. Please check below if you'd like to use your card on file, or for a different card, please fill out the required card information.

☐ Please charge my card on file. ☐ Please use the card below: ☐ EFT Authorized

Card Type: ☐ MasterCard ☐ Visa ☐ Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### TERMS AND CONDITIONS

**Training** – All training is held in a group setting. For an additional standard fee, private training is available. Private sessions outside of the club are not permitted by coaches.

**"Rules of the Road"** – Participants of the group must follow the rules as directed by trainer or coach. Not following instructions could be cause for dismissal from the YOUTH TRI CLUB.

**Payment** – This program requires at least one month enrollment. Monthly payment is available through EFT and is authorized by you, in checking the EFT box.

### POLICIES AND PROCEDURES

- All outdoor training sessions are weather permitting. Should there be inclement weather, sessions will be cancelled or moved indoors as space permits. Hockessin Athletic Club reserves the right to provide a substitute instructor in the event the original instructor is unable to complete a session.
- Activities are physically demanding and strenuous, which may result in accident, injury, or other physical harm. Participants knowingly and freely assume all such risks, both known and unknown, and assume all responsibility for participation.
- Therefore, I do hereby waive, release and forever discharge Hockessin Athletic Club and its officers, agents, employees, representatives, executors, and any other person from any and all responsibility or liability for injuries or damages resulting from my participation in any activities. I do also hereby release all those mentioned and any other(s) acting on their behalf from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any of those mentioned or other acting on their behalf or in manner any arising out of or connected with my child's participation in any activity or use of any equipment.
- Hockessin Athletic Club staff cannot provide medical advice before or after signing this agreement, and that, if participants have any medical concerns, they must consult with my child's primary physician before participating in any program or use of the facility and its privileges.
- I understand that all provisions in my membership agreement, to the extent applicable and not in conflict with this agreement, are binding.

I understand that to be considered for enrollment, payment must be made at time of registration. (Initial \_\_\_\_\_).

I, \_\_\_\_\_ (initial) give consent to allow my child to be used for promotional and marketing materials related to the HAC Swim Academy, including but not limited to: Facebook, Instagram, Website, YouTube. Any images, depictions, or recordings shall be the property of Hockessin Athletic Club. Should my child be featured in a post, I will allow his/her first name only to be mentioned.

I hereby authorize Hockessin Athletic Club to enroll me and/or my children in the above indicated services.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Marsha Dombrowski**  
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