



RICHARD E. WORKMAN
Sports & Wellness
Complex

Heartland Swim Team Registration

Imagination

Student Name _____ Age ____ Birthdate _____ Parent/Guardian Name _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

I _____ (Parent/Guardian) have enrolled _____ (Child's Name) in a program of strenuous physical activity, offered by The Workman Sports & Wellness Complex. I hereby affirm that I am or the above person is in good physical condition and does not suffer from any disability that would prevent or limit participation in this program. In consideration of myself, my heirs and assigns, hereby release by the Workman Sports & Wellness Complex from any claims, demands, and causes of action arising from my or the above named person's participation in any of the above stated programs, and I hereby release the Workman Sports & Wellness Complex, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back, or foot injuries and any other illness, soreness or injury however caused occurring before, during or after participation in any other of the above stated programs offered at the Workman Sports & Wellness Complex or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented, or organized by the Workman Sports & Wellness Complex, for any reason. I agree that my child's picture or likeness can be represented and published in any by the Workman Sports & Wellness Complex. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Signature of Parent/ Guardian _____ Date _____

Heartland Swim Team

For non-members of the Workman Sports and Wellness Complex there will be a \$40 swim team registration fee per swimmer.

| <u>Level:</u> | <u>Ages:</u> | <u>Days:</u> | <u>Times:</u> | <u>Member Fee:</u> | <u>Non-Member Fee:</u> |
|---------------|--------------|--------------|---------------|--------------------|------------------------|
| Imagination | 8-12 | Mon-Thur. | 4:15pm-5:15pm | \$50/mo. | \$70/mo. |

\$10/mo off rate for more than one child

For Office Use Only

Payment Method: Cash ____ Check ____ Credit Card ____ Amount _____

Date Paid _____ Processed _____ Employee _____