



HIGH SCHOOL PREP

Arena Club Aquatics Optional Fall Training Group

SEPTEMBER 19 - NOVEMBER 9

Requirements

- In high school
- Ability to swim all four competitive strokes legally.

Goals

- Prepare for the high school swimming season
- Develop swimming skills and techniques
- Build endurance and racing skills in preparation for the high school season

Practice

- Tuesdays and Thursdays from 8:00 - 9:30 pm.
- The expectation is 100%. However, do to life's events we know this is not possible. Please do your best to be at practice.

Fees

- \$250 for members
- \$300 for non-members

Training Gear

- Required training equipment will be listed and offered for purchase on our team website.

Brad Hudak
Coach



For more information contact Coach Betsy Graham at
bgraham@thearenaclub.com.

410-734-7300
www.thearenaclub.com



Program Registration Form



NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ **DATE(S) OF PROGRAM:** _____

PARTICIPANT'S NAME: _____ **MEMBER: Y N**

AGE: _____ **DOB:** ____ / ____ / ____ **GENDER: Male Female**

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME #: _____ **CELL #:** _____

EMAIL: _____

EMERGENCY CONTACT: _____ **CELL #** _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18

Date

PAYMENT INFORMATION:

TYPE OF PAYMENT: _____ **CHECK** _____ **CASH** _____ **CREDIT CARD (Visa & MC accepted)**

VISA / MC # _____ **EXP:** _____

AMOUNT PAID: _____ **DATE PAID:** _____

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