



BLACK GROUP

(September – July)

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

Dry-land training will be held on Tuesdays and Thursdays

5:15pm-6:15pm

Practices will be Monday, Tuesday, and Thursday

6:15pm-7:45pm

Competitions will be held on weekends.

GOLD GROUP

(September – July)

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 and Thursday

3:45pm – 5:00pm

Dry-land training will be held on Tuesdays and Thursdays

5:15pm-6:15pm

Competitions will be held on weekends.

Tryouts are mandatory for all levels.

Coaches will place swimmers in appropriate levels.



HEALTHWORKS HURRICANES

YEAR ROUND USA, AAU, and US MASTERS 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.

Contact Coach Farrin for try-outs.

(870)-862-5442 ext 13. (870)-588-7177.

hfcquatics@suddenlinkmail.com



HEALTHWORKS RACERS

Black and Gold groups will be teaming up with Central Arkansas Swim Club (CASC) based in North 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. For all questions contact Coach Farrin. After each level is filled, we will start a waiting list. (Swimmers will be contacted for try-outs as positions open.)



HEALTHWORKS

Fitness Center

WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I understand that in engaging in any physical activity or in the use of any part of the Center, I do so at my own risk. This includes, without limitation, my use of the locker rooms, pools, whirlpool, sauna, steam room, park area, sidewalk, exercise or any other equipment in the Center as well as my participation in any activity class, program or instruction. I agree that I am voluntarily participating in these activities and using these facilities and premises and assume all risk of personal injury, illness, including death and any damage or loss to me or my property that might result there from, including without limitations, any loss or theft of my property. For and in consideration of the use by me of the Center and its facilities and programs, I agree on behalf of my personal representatives, heirs, executors, administrators, agents and assigns to forever release, discharge, indemnity and hold harmless the Center and its directors, officers, employees, agents, representatives, successors and assigns from any and all loss, claims, demands damages, or causes of action, known and unknown, resulting from or arising out of my use of the Center and its facilities, equipment and programs. This Waiver of Liability and Indemnity includes injuries which may occur as a result of my use of any exercise equipment or facilities and my slipping and falling while in the Center or on the premises.

(a) I acknowledge that I have carefully read the foregoing and fully understand that it is a waiver and release of liability and indemnity. I further understand that I am waiving any right that I may have to bring legal action to assert a claim against the center, and any and all questions were answered to my full satisfaction.

(b) This is a continuing waiver and release of liability and indemnity and is binding upon all persons whose signatures appear below and shall apply to all subsequent uses of the center and its facilities and programs until revoked in writing by the undersigned:

(c) 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.

Swim Team Registration

BLACK: M, T, TH 6:15pm – 7:45pm (Sept. – July)

GOLD: T, TH 3:45pm – 5:00pm (Sept. – July)

(BLACK & GOLD- Dry-land T, TH 5:15-6:15pm)

(Please Print Below)

Name _____
Last First Middle Name
DOR _____ **AGE** _____ **M or F** _____
(Circle one)

Address _____

City, State, Zip _____

Phone _____

Cell _____

E-Mail _____

Parent(s) Name(s) _____

Swimmer Info (History):

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

Official Use Only						
Date of Payment _____			Member # _____			
		MEMBER			NON-MEMBER	
		Reg.	Mon. Fee.	(Payment In full)	Reg.	Mon Fee. (Payment In full)
Monthly Fees						
Black (Sept. – July)		\$ 100	\$ 70	\$793	\$ 125	\$ 80 \$ 917
Gold (Sept. – July)		\$ 100	\$ 60	\$694	\$ 125	\$ 70 \$ 818

Payment in full at the time of registration receives a 10% discount on fees.

Payment in full includes Registration.

Signature _____

Date _____

Parent / Guardian Signature (If under 18, must be signed by legal guardian)

Date _____