

# ENROLLMENT FORM

## Strength Conditioning Clinic



HAWKS TRACK CLUB 17639 Sherman Way # A275 Lake Balboa, CA 91406		<b>Instructor:</b> Shelton Tryon <b>General Manager:</b> Molletta Hawkins
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**(1) Child's Name**

**(2) Child's Name**

**(3) Child's Name**

Age _____ Gender Girl or Boy	Age _____ Gender Girl or Boy	Age _____ Gender Girl or Boy
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____

**Parent #1/Guardian Information:**

**Parent #2/Guardian Information:**

Name _____	Name _____
Best Contact # (_____) _____	Best Contact # (_____) _____
Email _____	Email _____

**How did you hear about us?**    Website    Friends/Family    Previous Hawks Member    Other, \_\_\_\_\_

**SIGN-UP NOW and JOIN TODAY!**

Email Enrollment Form to [MollettaHawkins@yahoo.com](mailto:MollettaHawkins@yahoo.com) & Pay in person first day of session.

We accept Cash or Check payable: HAWKS TRACK CLUB

**STRENGTH CONDITIONING TRAINING CLINIC**  
**“TUESDAY'S ONLY from 6pm-7:30pm”**

**WINTER SESSION:** December 12th, 19th, January 9th, 16th, 23rd, 30th

**LOCATION:** Culver City HS 4700 Harder St. Culver City CA 90230

Additional days may be applied in January

PARTICIPANTS	Conditioning Training (7 Class Session)	PER CLASS (each visit)
1 Child	<input type="checkbox"/> \$65.00	<input type="checkbox"/> \$20.00
2 Children	<input type="checkbox"/> \$85.00	<input type="checkbox"/> \$30.00
3 Children	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$50.00

**LIABILITY RELEASE:** *(I hereby agree to participate as a team member in the Hawks winter/summer conditioning activity)*

I understand that there are certain risks of injury inherent in the practice and play of this sport. I am willing to assume these risks. I hereby certify that I am fully capable of participating and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these conditioning clinics.

In addition to giving full consent for my participation, I do hereby waive, release and hold harmless the organization named above its officers, coaches, directors, parent volunteers, facility owners and representatives from any liability whatsoever resulting from any injury or harm that may occur to my child while participating in or traveling to or from any Hawks Track Club activity.

**PARENT'S INFORMATION**

Print Parents Name _____	Parent's Signature _____	Date _____
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