

# 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** \_\_\_\_\_

Age \_\_\_\_\_ Gender Girl or Boy

Date of Birth: \_\_\_\_\_

**(2) Child's Name** \_\_\_\_\_

Age \_\_\_\_\_ Gender Girl or Boy

Date of Birth: \_\_\_\_\_

**(3) Child's Name** \_\_\_\_\_

Age \_\_\_\_\_ Gender Girl or Boy

Date of Birth: \_\_\_\_\_

**Parent #1/Guardian Information:**

Name \_\_\_\_\_

Best Contact # (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Parent #2/Guardian Information:**

Name \_\_\_\_\_

Best Contact # (\_\_\_\_\_) \_\_\_\_\_

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**  
**"SATURDAY'S ONLY from 9:30am-11am"**

**WINTER SESSION:** December 9th, 16th, 23rd, 30th, January 6th, 13th, 20th, 27th

LOCATION: Sherman Oaks/Van Nuys Park 14201 Huston St. Sherman Oaks, CA 91423

Additional days may be applied in January

PARTICIPANTS	Conditioning Training (8 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 \_\_\_\_\_