

## Participant Information

### Personal Information

Full Name: \_\_\_\_\_  
LastFirstM.I.

Address: \_\_\_\_\_  
Street AddressApartment/Unit #

\_\_\_\_\_  
CityStateZIP Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Parent contact \_\_\_\_\_

### Session to be attended

#### Fall 2009

<b>Session I</b> August 31-October 9	<b>Session II</b> October 12- November 12	<b>Session III</b> November 17 – December 17
Monday/Wednesday: 3:30 - 5:00 5:30 - 7:00	Monday/Wednesday: 3:30 - 5:00 5:30 - 7:00	Monday/Wednesday: 3:30 - 5:00 5:30 - 7:00
Tuesday/Thursday: 3:30 - 5:00 5:30 - 7:00	Tuesday/Thursday: 3:30 - 5:00 5:30 - 7:00	Tuesday/Thursday: 3:30 - 5:00 5:30 - 7:00

Grades 3-5 meet at 3:30-5:00  
 Grades 6-8 meet at 5:30-7:00

Cost: \$150 per 5 week Session

Location: Pebble Creek Community Center/Pool

### Terms and Conditions

1. All fees are due on or before the first day of each session and are per session rates only.
2. Parents may complete and sign a registration form before leaving child.
3. SEAL Strong Nation or Pebble Creek Homeowners Association is not responsible for missed clinics for any reason. There are NO REFUNDS or changes in session rates.

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a minor child, hereby acknowledge I have voluntarily enrolled my child in a program of strenuous physical activity and the use of various conditioning equipment offered by SEAL Strong Nation. I have been advised by information contained herein or otherwise, that my child should be examined by a physician to determine if he/she can participate in this program, without limitations, prior to engaging in such activity. I as parent/guardian hereby affirm that I have done so that my child is in good physical condition and that he/she does not suffer from any disability that would prevent or limit his/her participation in this program in any manner.

I further understand that physical injury is a known and common risk in strenuous exercise programs. It is possible to sustain serious injury or death during the course of attending SEAL Strong Nation sessions. I, as parent /guardian, on behalf of said child, for myself, and my heirs, hold harmless SEAL Strong Nation and Pebble Creek Homeowners Association, its agents, contractors, employees, staff, officers, and directors from and against all liabilities losses, damages, actions, or injuries of any kind, arising from my child's participation in this program.

I have read and agree with all terms and conditions. I have read the above waiver and fully understand its contents and have knowingly and willingly agreed to its terms.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date