

**SWIMMING Fall 2008 Season** September 8 - October 31

| ATHLETE INFORMATION |                |        |
|---------------------|----------------|--------|
| Name:               | Date of Birth: | Grade  |
| School:             | Sport:         | Coach: |
| Club/School:        | Sport:         | Coach: |

**SELECT LEVEL**

- MIDDLE SCHOOL (typically ages 11-14) 
  COLLEGE (typically ages 18-23)  
 HIGH SCHOOL (typically ages 14-18) 
  PRO and ELITE AMATEUR (call 831-2673 to schedule)

**SELECT PROGRAM**

- |                                               | Time Slots  | Days                           |                                  |                            |  |  |
|-----------------------------------------------|-------------|--------------------------------|----------------------------------|----------------------------|--|--|
| <input type="checkbox"/> Swimming POWER Group | 4:15-5:30pm | <input type="checkbox"/> M N/A | <input type="checkbox"/> W N/A   | <input type="checkbox"/> F |  |  |
|                                               | 5:30-6:45pm | N/A <input type="checkbox"/> T | N/A <input type="checkbox"/> R   | N/A                        |  |  |
|                                               | 6:30-7:45pm | <input type="checkbox"/> M N/A | N/A <input type="checkbox"/> N/A | N/A                        |  |  |
- Swimming POWER 1-on-1 - call 831-CORE (2673) or email [chris@coreathletic.com](mailto:chris@coreathletic.com) to schedule -
- Performance ALL-ACCESS 
  12 months \$275 / month Pay in full & save \$300!  
 6 months \$300 / month Pay in full & save \$100!
- ALL-ACCESS includes:
- Unlimited Groups, Classes and Camps
  - 1 healthy NUTRITION recovery shake or bar per session attended
  - Quarterly progress reports and planning sessions with athlete, parents and coaches

**PAYMENT CALCULATOR**

| Customization                          | # of sessions/wk                                                                                                     | # of weeks                                                                                                              |   | Subtotal |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---|----------|
| <input type="checkbox"/> Group \$30/sn | <input type="checkbox"/> 4<br><input type="checkbox"/> 3<br><input type="checkbox"/> 2<br><input type="checkbox"/> 1 | <input type="checkbox"/> 8<br><input type="checkbox"/> 7<br><input type="checkbox"/> 6<br><input type="checkbox"/> ____ | = | \$       |

| Discounts                                                                                                             |      |
|-----------------------------------------------------------------------------------------------------------------------|------|
| <input type="checkbox"/> Family-Save 10% <input type="checkbox"/> 4+ -Save 10% <input type="checkbox"/> Other-Save__% | - \$ |

| 1-on-1 Performance Evaluation                                                                                                                          |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <input type="checkbox"/> \$75 - includes free Performance T-shirt<br>Required for all new athletes or those who have not trained in the last 9 months. | + \$ |

| Payment Options                                                                                   | Grand Total |
|---------------------------------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> EFT | = \$        |

You can designate up to 2 weeks of Performance Groups & Classes that can be missed at no charge, if necessary. Miss the week of \_\_\_\_/\_\_\_\_ Miss the week of \_\_\_\_/\_\_\_\_

|                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office Use: <input type="checkbox"/> Waiver Completed <input type="checkbox"/> Constant Contact <input type="checkbox"/> GET PHYSICAL/COREXCEL <input type="checkbox"/> Programming list |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                            |                |                                                                                                                                                        |
|----------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ATHLETE INFORMATION</b> |                | T-shirt size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL |
| Name:                      | Date of Birth: | Grade                                                                                                                                                  |
| School:                    | Sport:         | Coach:                                                                                                                                                 |
| Club/School:               | Sport:         | Coach:                                                                                                                                                 |

|                           |               |           |
|---------------------------|---------------|-----------|
| <b>PARENT INFORMATION</b> |               |           |
| Name:                     | Email:        |           |
| Address:                  | City:         | Zip Code: |
| Home Phone:               | Mobile Phone: |           |

**RESCHEDULE POLICY**

We require **at least 12 hours advanced notice** to reschedule a 1-on-1, group, or class session or the session will be forfeited. All reschedules must be completed by the end of each 8-week season or they will be forfeited. Call 608.831.CORE (2673) to reschedule sessions.

**REFUND/CANCELLATION POLICY**

I understand that my entire fee, less a \$50 nonrefundable processing fee will be refunded if such an athlete cancels at least 2 weeks prior to the first day of training. At any time after that date, I will receive a credit minus the \$50 registration fee for future instruction. I further understand that there will be no refund or credit for days unattended. CORE ATHLETIC, LLC reserves the right to cancel any program offerings or decline any application.

**WAIVER AND RELEASE OF LIABILITY**

Upon payment of the initial fee, you will become a user of the CORE ATHLETIC Fitness Center ("Center"). You will be entitled to an appropriate pro-rated refund of fees actually paid to this facility. To obtain a refund, present the original white receipt of your payment and a certification by a licensed physician stating that you are restricted from using the services of this facility by reason of permanent and total disability. Upon certification (as set forth above) of a temporary physical disability, the balance of your usage will be extended during the term of such disability. You agree to obey all rules and regulations now in force or in the future prescribed by the Center for the use of the Center's facilities. CORE ATHLETIC, LLC reserves the right to revoke a user's use of the facilities if the user fails to obey any such rules and regulations. The Center cannot provide safekeeping of your personal property. If you bring items of value to the Center, you do so at your own risk. By providing your name and telephone number, you hereby expressly permit and authorize CORE ATHLETIC, LLC and Keva Sports Center representatives to contact you via telephone or the internet to discuss your interest in our programs. We reserve the right to use photos for promotional events and future use. CORE ATHLETIC, LLC will not sell your personal information to other parties. You certify, to the best of your knowledge, that you are in good physical health and have no dietary or physical restrictions which would prevent you from participating in the prescribed programs at the Center. You agree that you are not to exercise or use any equipment before you have been instructed properly by a staff member. You, as a CORE client, must follow the CORE prescribed exercise program. In the event you do not follow the CORE prescribed exercise program and you sustain an injury as result of not following the CORE prescribed exercise plan, or CORE ATHLETIC, LLC, or Breslive, LLC, or Keva Sports Center shall not be responsible for any damages sustain by you. You acknowledge that you have read the above, understand the contents and received a copy.

|                   |                    |                    |
|-------------------|--------------------|--------------------|
| <b>Signature:</b> | <b>Print Name:</b> | <b>Date:</b> /   / |
|-------------------|--------------------|--------------------|

**HOW DID YOU HEAR ABOUT CORE ATHLETIC?**

- Keva Sports Center                       Sport Coach: \_\_\_\_\_                       Core Athletic Website
- Friend: \_\_\_\_\_                       Other: \_\_\_\_\_                       Core Athletic Newsletter

**RETURN COMPLETED FORMS TO:**  
 2275 Deming Way Ste. B100, Middleton, WI 53562  
 608.831.CORE (2673) or [info@coreathletic.com](mailto:info@coreathletic.com)